THE

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

VOL. II. CHICAGO, JANUARY 26, 1884. NO. 4.

ORIGINAL ARTICLES.

REPORT OF THE STANDING COMMITTEE ON METEOROLOGICAL CONDITIONS AND THEIR RELATIONS TO THE PREVALENCE OF ACUTE DISEASES.

BY N. S. DAVIS, M.D., LL.D., OF CHICAGO, ILL., CHAIRMAN OF THE COMMITTEE.

[Presented to the American Medical Association in session at Cleveland, Ohio, June 7, 1883.]

In the report which your committee had the honor of making to the Association at its last annual meeting, it was stated that the plans had been completed and the work actually commenced on the first day of January, 1882, for securing the results of three parallel series of coincident observations in twelve different localities, namely: Boston, New York, Philadelphia, Baltimore, Mayport, New Orleans, Cincinnati, Chicago, St. Paul, Pittsburgh, Denver and San Francisco. To these were subsequently added Lansing, Mich., and Lawrence, Kansas. One series consists of the observations and records made at the Signal Service stations in the several places named, full abstracts of which have been kindly furnished to the chairman of your committee under the order of the official head of that bureau of the general government. Another series consists of a daily record of the ozone or active oxidizing agents in the atmosphere in the same localities, made by competent scientific men whose names were given in the report of last year. In this series all the observers are furnished with uniform test papers, and uniform instructions with scales and blanks, under the supervision of Prof. J. H. Long, of the Chemical Laboratory of the Medical Department of the Northwestern University (Chicago Medical College) in Chicago. In most of the places this series of observations has been continued through the year 1882, the time covered in this report, with entire faithfulness, and the results neatly tabulated for each month by Prof. Long, which tables constitute a part of this report. A few of the observers, located in the central part of large cities where the results were almost entirely negative, became negligent, as will be seen by inspecting the tables in detail.

To this series was also added in Chicago a daily record of the organic or albuminoid matters in the atmosphere, as carefully determined by Prof. Long, whose complete observations commenced on the first of September, 1882, the result for the first six months of which will be given in this report as tabulated and explained by himself. So far as your committee are aware, this is the first record of reliable determinations of the quantity of organic matter in the atmosphere *daily* through an entire year, made in this or any other country.

The third series of observations consists in ascertaining and recording the date of commencement of all acute diseases by physicians in active practice in the same localities where the other series of observations are in progress.

In the report of your committee last year, it was stated that a sufficient number of active practitioners had volunteered their services in all the places selected except in New York and Philadelphia. In the latter only three, and in the former not one, out of a large number of members of the Association who were applied to, appeared willing to engage in a work of much profit to themselves, and of great importance in obtaining data for determining more accurately the real causes of disease. In using the expression "profit to themselves," we do not, of course, mean direct pecuniary profit, but what is of more value to the physician, namely, the acquisition of a habit of closer inquiry concerning the origin and progress of the diseases he is called upon to treat, and of much greater exactness of mental discipline, with a corresponding increase of professional knowledge. The whole number who did volunteer their services for this part of the work was forty-one; of whom only eleven, however, actually reported the results of their observations at the end of the year. Small as is this number, the facts they furnish, taken in connection with the other series of observations, are of much value, as will be seen in the sequel. But if the work of your committee is to be continued, the number of workers in this department can be steadily increased until the results are all that could be desired. By the three series of observations and records just described, we are placed in possession of the facts concerning all appreciable conditions of the atmosphere, including the barometric pressure, temperature, moisture, direction and velocity of winds, rainfall, sunshine and clouds, in twelve localities, in one of which is added the oxidizing and organic constituents, for every day and night of 1882. And to a limited extent, in the same localities for the same

period of time, the facts in relation to the beginning and prevalence of acute diseases. These facts, observed and recorded by independent workers, acting coincidently under uniform instructions, are capable of analysis and study in several important directions. First, we find much that is of interest and value in comparing the various items contained in the meteorological part of the records with each other, and tracing both the relations and absolute changes connected with the different seasons of the year. And when the records have been carried through a series of years, deductions of still greater interest can be made by comparing the variations of all these items in one year with those of another.

Second, by comparing the date of commencement of the several acute diseases with the atmospheric conditions, we are enabled to determine with much greater accuracy the direct agency of certain of these conditions in determining the degree of prevalence of several important endemic diseases, as typhoid fever, pneumonia, and bowel affections of children. In some of the localities we have been able to carry this comparison through three successive years, thereby ascertaining very definitely the reasons why the same disease (pneumonia, for instance) reaches its highest point of prevalence in January of one year and in April or May in another year, in the same community and under the same sanitary measures. We have also been able to find very satisfactory reasons why there were four or five times as many cases and deaths from typhoid fever in the same community in 1881, as in 1880; and 33 per cent. more than in 1882, notwithstanding the logical inference and expectation based on the popular germ theory of its propagation would be, that the extraordinary production and diffusion of the supposed germs during the epidemic of 1881, would be followed by a still greater prevalence of the disease in 1882. To give the detailed results of the analytical examination of the three series of records before us would weary your patience, as they can be appreciated only by careful reading in print. Consequently we will pass them, and only detain you with a brief but interesting statement from Professor Long in regard to the progress and results of his daily observations concerning the ozonic or oxidizing agents and the organic matters, and the relations of these two classes of agents to each other.

"Observations on the amounts of free ammonia and nitrogenous organic matter present in the atmosphere have been carried out during the past nine months by the method proposed by Chapman (*Chem. News*, 1870, page 65), and elaborated by Remsen (*Nat. Bd. Health Bull.*, Sept. 11, 1880).

In brief, the method consists in aspirating a certain definite volume of air through an absorbent tube containing coarsely powdered pumice-stone, which possesses the property of absorbing nitrogenous gases. If the contents of the tube be now thrown in a retort with pure distilled water and a little carbonate of soda, on the application of heat what is known as free ammonia distills over. This includes the ammonia existing in *ammonium* compounds.

Then, after driving off the free ammonia, if a strong solution of caustic potash and permanganate of potash be added, what is known as albuminoid ammonia distills over. This ammonia does not exist as such, but is formed by the action of the strong oxidizing solution on nitrogenous matter.

The ammonia, as it distills over, is collected and tested by the Nessler reagent, as in the examination of water by the Wauklyn method.

As to the method itself and results obtained, there are several points suggested by this long trial which might be mentioned. Prof. Remsen showed in his paper that by careful work fairly comparable results could be obtained, and in a number of preliminary experiments tried by myself a year ago, and reported on at the last meeting of the Association (through Dr. N. S. Davis), I was able to verify this statement. Subsequent work showed that the liability to error is about the same as in the testing of water by the method just referred to.

While examining these sources of error several very interesting papers appeared in print, and observations I had made were fully confirmed by them. More recently, these sources of error in the determination of free and albuminoid ammonia have been pointed out very fully by Prof. J. W. Mallet (*Am. Chem. Jour.*, Vol. 4, Nos. 4 and 6), and precautions for avoiding them as far as possible suggested. Experience had already pointed most of these out to me. The condensation of the ammonia evolved is a very important part of the process, and more difficult than usually supposed. To save the ammonia, it is necessary to distill very slowly, and to pass a good stream of cold water through the condenser.

At the commencement of the investigation (April, 1882) another source of error suggested itself. I found that in operating on artificially polluted air, the amount of ammonia obtained by treating the pumice stone in the retort directly with the permanganate solution was much greater than the sum of the free and albuminoid ammonia obtained in the usual way. I convinced myself of this fact by a number of experiments, but other duties interfering, I was obliged to drop the investigation for the time, and some months elapsed before I could take it up again.

In the meantime I learned that a similar phenomenon had been observed by Prof. Remsen, while engaged in investigating the water supply of Boston a year before, and in a paper by Mr. Marsh (*Am. Ch. Jour.* IV., 3,) experiments illustrating the same point are described. It appeared, then, that in the distillation certain nitrogenous compounds were volatilized before being converted into ammonia. In my experiments with an artificial atmosphere the amount of organic matter present was very large, and it would be hardly fair to assume that a natural atmosphere would show the same results. During the past few months I have carried out a number of parallel experiments to decide this point, and without going into details, I will simply say that very little, if any, volatible albuminous matter seems to be lost in the first distillation. In a number of tests I could observe no increase of ammonia by direct treatment with the oxidizing liquid. In other tests a slight increase was noticed, but the excess was within the

limits of error of observation. Other parallel tests are still in progress, and perhaps the atmosphere will show different results at different times.

On the whole, then, it may be said, the method is fairly accurate and gives good results, but when one takes into consideration the very minute quantities of matter dealt with, it will readily be perceived that the greatest care must always be observed in manipulation. In the hands of a single observer results can be obtained which are comparable with each other, but I fear that results obtained for free ammonia by different observers could hardly be compared with fairness, as the difficulty of measuring such minute traces with anything like accuracy is very great, and different persons would approach the true result with different degrees of sharpness. This I consider the weakest point in the method. Of course large volumes of air might be aspirated, but there are practical objections in the way of aspirating more than 100 liters daily.

A few words as to results of observations. The amounts of free and albuminoid ammonia expressed in grammes per thousand cubic meters of air are as follows:

The results are means of daily observations.

	Free.	Alb.
September	.051	.110
October	.021	.093
November	.022	.085
December	.024	.105
January	.022	.091
February	.044	.096
March	.019	.073
April	.016	.059

It will be noticed that the free ammonia is always much smaller than the albuminoid. In September a large amount of free ammonia was registered, and this I can not now account for. In February also the amount is large. On several days during the fall of sleet in this month considerable quantities of free ammonia were detected. On many occasions I have noticed that a large amount of albuminoid ammonia could be connected with a very bad odor coming from the direction of Bridgeport (a dirty manufacturing part of the city).

Another point noticed seems to me of considerable interest. Several times during the winter a certain window of the college dissecting room was left open by the janitor, and by this means the external air became contaminated immediately over the point where my aspirator was at work. I found that at such times there was a marked increase in the amounts of free ammonia, but scarcely any change in the albuminoid. These results suggested several additional experiments. I placed a piece of decaying meat in a shallow dish, covered the bottom of the dish with water (leaving the surface of the meat exposed, however), and allowed the whole to remain in a closed room for some days. A number of examinations of the air were then made by the above method, all of which showed a considerable increase in the amount of free ammonia, but very little in the albuminoid over what might be expected from the external atmosphere. Now, without removing the meat, a Siemens ozone generator was put in operation in the room, and sufficient ozone generated to give a slight reaction on test paper, Schönbein and Thallium, suspended near the aspirator.

The ozonizer was operated at short intervals during a day, and at the same time air was drawn through a pumice-stone tube for examination. This showed a marked reduction in both free and albuminoid ammonia. This experiment was followed by other similar ones, all of which went to show that the moist organic matter could be oxidized into something not capable of yielding ammonia.

About a week later the experiments were repeated. In the meantime the meat had become thoroughly dry and the stench had nearly disappeared. An examination of the air now showed a decrease in the free ammonia, and a considerable increase in the albuminoid as compared with the previous experiments. Ozone papers failed to show a reaction now, when suspended as before, although the generator had been kept at work a much longer time. These results seem to indicate that dry decaying matter is capable of producing more albuminoid ammonia than moist, a probability which has been pointed out by Dr. Carmichael and Prof. Remsen. During the summer I expect to carry out more extended experiments on this question.

JOHN H. LONG,
Chemical Laboratory of Chicago Medical College."

FINANCES.

In regard to expenditures, your committee report that, on the completion of the first six months of his work in determining and recording the organic constituents of the atmosphere, $250, being one-half of the special appropriation made for that purpose, was drawn from the treasury and paid to Professor Long, leaving of that appropriation $250 still in the treasury, to which the professor will be entitled as soon as the year's observations are completed. For the other departments of your committee's work no money has been drawn from the treasury during the past year, although bills to the amount of $108.60 have been paid by the chairman of your committee. Sixty dollars of this was for one Kilo Thallium Metal imported from Germany free of duty, the rest for printing and blanks, for all of which vouchers in the form of receipted bills accompany this report. At the date of our last annual report there remained in the treasury an unexpended balance available for the committee's expenditures of $290.28. If the sum just named as the amount expended during the past year is paid, there will still remain of the original appropriation an unexpended balance of $181.68 in the treasury. Your committee will therefore close this abstract of their report by asking the Association to adopt the following propositions:

First, That your committee be authorized to furnish their report for publication as a part of the Transactions of the Association, and to continue the investigations now in progress, with the privilege of drawing on the Treasurer for so much of the unexpended balances of former appropriations as may be necessary during the coming year.

Second, That the thanks of the Association be

tendered to the Superintendent of the Civil Service Bureau, Gen. Hazen, for the enlightened and generous aid he has rendered by causing your committee to be furnished with full abstracts of the meteorological records made at the several places selected, and that he be requested to continue the same favor during such time as the committee may desire.

All of which is respectfully submitted.

N. S. DAVIS, Chairman.

P. S. Details of observations and analysis of the same will be given in the next number of the JOURNAL.—EDITOR.

REPORT OF A CASE OF DOUBLE-HEADED MONSTROSITY.

PRESENTED BEFORE THE MARION COUNTY MEDICAL SOCIETY, INDIANAPOLIS, IND., NOV. 14, 1883.

BY JOSEPH EASTMAN, M.D., PROFESSOR OF DISEASES OF WOMEN AND CLINICAL SURGERY IN CENTRAL COLLEGE OF PHYSICIANS AND SURGEONS.

[Reported by Dr. H. I. Raymond.]

There is a two-fold interest in the subject-matter of monsters. First, as it presents itself to the mind of the practical obstetrician; and second, as it calls into exercise the subtle reasonings of the speculative physiologist.

The simple scientific investigation of the subject may in the end yield as practical results as the investigation of the matter for purely clinical purposes, inasmuch as the scientific teratologist may some day afford some rational clue to the semiology of monster formation, and the physiologist be enabled to suggest much looking toward the prevention of psychical impressions likely to modify the normal processes of nutrition and growth.

The clinical features of this subject-matter will be best brought out by simply relating the history of the present case.

The size of patient's abdomen was enormous, so much so as to excite in her own mind an apprehension of twin conception. To remove suspense, she called me in as her medical adviser ten days previous to her expected confinement. I could map out but one body, and that with difficulty, owing to the excessive accumulation of the liquor amnii.

I assured the patient that the head of the child was downwards; that nothing was wrong; no twins; simply an enormous accumulation of waters.

One week later, the patient was confined at night, the first intimation of labor being rupture of the membranes with escape of one and a half buckets of water, literally flooding the bed.

I was in attendance immediately, and found a dry labor in a primipara of nineteen. The abdominal swelling had disappeared; the uterus was reduced in size; but one child could be mapped out by external palpation, and but one head felt by vaginal examination.

The head soon advanced to the perinæum, the chin rotating under symphysis pubis; labor then only slightly progressive.

The pains were inefficient; three hours had been spent in waiting.

Forceps delivery was decided upon, and the instruments applied. On making traction, great difficulty was encountered in the withdrawal of the head.

The forceps were then removed, and the finger of the accoucheur was passed up the parturient canal, for the purpose of hooking down the child's arm. But the finger found no axilla. It detected a hard, round object, sensibly a second head. By conjoined manipulation but one body could be mapped out.

The pains were hard, but not sufficient to effect delivery. The first head was now brought up sharply over the pubis. The second head pressed against the perinæum. Forceps were applied and delivery effected.

During these manœuvers the accoucheur's attention was abstracted for the moment from the administration of the chloroform, which was done by the friends, and, as it happened, the patient passed into the third stage of anæsthesia, so that she was profoundly under the influence of the anæsthetic at the time of delivery of the second head, and it is thought this condition of complete muscular relaxation enabled the operator to deliver such heads with but a slight abrasion of the perinæum—so slight as to require no surgical treatment. There was neither any laceration of the cervix uteri. The diameter of the second head, and neck of the first head of the monster, as apposed in the genital outlet, measured a little more than six inches.

The subject of monsters in relation to practical obstetrics is treated of very meagerly in works on midwifery. It is frequently dismissed with the statement that such developments do not usually carry to full term, and no difficulty, therefore, will be met with

in their delivery, which teaching is not of much help to an accoucheur dealing with a full-sized double-headed monstrosity weighing 10 pounds.

It should be remarked further, that this particular monstrosity was not simply a fusion of two complete corporeal organisms, nor yet an abnormal development of one, but presented a perfect and entire and fully developed fœtus with an annexation of an extra cephalic extremity, with its own proper cervical vertebræ.

There was, however, blending or fusion of the respective dorsal portions of the columns.

In speculating upon such freaks or perversions of nature as are exhibited in her monstrosities, the endless subject of nævi materni or mothers' marks comes to the front, albeit no vascular connection exists between the mother and fœtus in utero.

A case, apropos, occurred in my practice about two years ago, which I will relate.

I was asked to treat a man with perineal fistula, existing in the line of incision in right lateral lithotomy.

I ordered poultices to be applied. The wife herself applied the poultices, and attended to their removal and reapplication with assiduous care.

Ten months later I attended this lady in confinement, and delivered her of a male child that presented as perfect a case of hypospadias as I had ever seen.

The urethral outlet of the child was exactly at the point on the right of the median raphé corresponding to the point at which the urethral fistula in the father existed.

REMARKS.—The American Cyclopædia informs us that Isidore Geoffroy Saint Hilaire restricted the term monster to "congenital anomalies of conformation, involving change in the form, structure, volume, position, and number of parts."

He recognized two classes of monsters. 1st, those whose make-up included the elements of only a single individual. 2nd, those whose conformation involved parts, complete or incomplete, of two or more individuals.

The present monstrosity would come under the second variety of his classification, in which were present a complete individual, with parts of an incomplete individual annexed.

Injection of fluid into the œsophagus of the neck to which the body rightfully belonged, caused meconium to be extruded through the anus, but no fluid could be made to regurgitate from the stomach up the gullet of the second head, and on dissection no œsophagus for the second head could be found.

The arterial systems freely communicated, since alcohol injected into one common carotid saturated both systems. Dissection revealed two hearts enclosed in a single pericardium.

POTT'S DISEASE.

THE MECHANICAL TREATMENT OF DORSAL CARIES WITH GREAT DEFORMITY.

BY CHARLES E. WEBSTER, M.D., CHICAGO.

[Read before the Chicago Medical Society.]

There are already before the profession a great number of forms of apparatus for the treatment of Pott's Disease. Too often the inventor claims to have discovered the only perfect machine that is universally applicable.

It is not for the purpose of adding to this list that I prepare this paper, but for the purpose of discussing the merits of a particular form of apparatus which is applicable to a particular class of cases.

On visiting the office of any great orthopædic surgeon and watching the run of his practice, it will be discovered that many with dorsal caries, however they may have been treated, grow progressively worse. In fact, one candid gentleman remarked, "We can't expect to do much with these patients." I propose to consider the mechanical problem presented by such a hopeless case, and to demonstrate the form of apparatus which is best adapted to its treatment.

In chronic non-suppurative spondylitis, when after years an indefinite number of the dorsal vertebræ have been invaded, there are both general and local causes that perpetuate the disease. The general health of the patient is bad. Whether this arises from a peculiar diathesis or is the result of the disease, is a question the discussion of which is unnecessary to the present inquiry. The local causes arise from irritation of various kinds. This may be due to the motion of the heads of the ribs, to the lateral and back-and-forth motion between the vertebræ, and to the pressure of the superincumbent parts.

It is unnecessary to detail all the resulting changes. The crumbling of the spinal column lowers the head and shoulders, pressing the sternum forward

and the spinous processes backward. The capacity of the thorax is diminished. Let us presume that this process, with the commonly resulting curvature, has progressed until the ribs reach the crest of the ilium, and the patient is anæmic and emaciated.

In the treatment of such a case we are compelled to consider the general condition of the patient; the diminished capacity of the chest; the local irritation by the ribs, by lateral motion, and by the superincumbent weight; lastly, the resulting deformity.

Whatever may have been the original cause of the trouble, the general health is undoubtedly impaired by the pathological processes taking place. If the caries can be arrested, the nutrition, circulation, and nervous condition will improve.

It is of the first importance that the treatment should permit exercise in the air, as well for the indirect advantage of having the patient occupied by pleasant pursuits as for the direct advantage to his general health. This applies with full force only to cases where the age of the patient renders his confinement particularly irksome, and his size prevents him from being readily carried out of doors. Such medicines may be given as, in the judgment of the physician, are indicated. It may be assumed, however, that the better the judgment of the physician, the less the medicine that will be given, for a good diet, fresh air, and the arrest of the progress of the disease by suitable support, are the chief requirements of the case.

The capacity of the thorax, naturally diminished by the disease, is generally still more reduced by surgical interference. Corsets, braces and plaster-splints having, by their lacing, strapping and bandaging, flattened down the sternum and twisted the yielding ribs and cartilages around each other in such a way as to materially interfere with the respiratory function.

In such a case any further restriction of the thorax is unwise.

The motion of the heads of the ribs in respiration undoubtedly acts as an irritant. It can be readily prevented by constricting the chest, but for reasons just stated, this is inadmissible, and it may even be necessary to encourage such motion at the expense of temporarily increased inflammation for the sake of additional lung room. Were the size of the chest little affected this precaution might be unnecessary.

Lateral motion is self-limited by the irregularities of the vertebræ, as well as by the production of connective tissues binding together the diseased bones. The application of a posterior splint with a view to limiting the lateral and antero-posterior motion, is inexpedient for the following reasons:

It is difficult to make a splint bear evenly around an abrupt curve.

If applied, it cannot be rendered efficient without constricting the chest.

Pressure will be unequal, and liable to cause additional irritation.

Theoretically, it is inapplicable, for the greatly deformed spine cannot be bent straight, thus throwing the weight of the superior parts on to the transverse and articular processes.

Clinically it fails.

The prime factor in perpetuating the caries is downward pressure.

It is constant while the body is in the vertical position, and the jar of every step; the weight of every article of clothing; the strain of every movement of the arms adds to its potency. This is demonstrated as well by the action of the patient as the course of the disease. The patient supports himself by the hands on the knees, the elbows on the table, by resting the head on the hands, and finally is obliged to assume the horizontal position in order to relieve himself of the weight which is grinding out the bodies of his vertebræ, and allowing the crumbling spinal column to topple over in the direction of the least resistance.

It is necessary to support the weight of the parts above the point of disease. This is best done by placing the patient in the horizontal position. As previously shown, this mode of treatment may be counterindicated.

The weight to be supported consists of the head, arms, and that portion of the trunk superior to the part of the spine which is diseased. The only part of the body affording a base of support for apparatus to sustain this weight is the pelvis. In individuals whose hips are not sufficiently flaring to give a proper base, other modes of treatment must be adopted.

For the reduction of the deformity several methods are employed. The posterior splint producing pressure on the point of curvature. Suspension by the head and axile, and rest on the back in the horizontal position. By either method the deformity can be reduced. In the first, by crowding down the spines or lateral processes of the vertebræ, and packing the diseased bones more closely together. In the second, by drawing them forcibly apart. In the third, by slight extension and the posterior splint combined.

The first method is liable to increase the inflammation by adding another cause of irritation to those already in action, althongh it may compensate by diminishing some existing causes, as the lateral motion.

The second method gives the most immediately gratifying results, markedly diminishing in a few minutes the most glaring deformity. It is likewise the most dangerous. The tearing apart of the diseased bones is liable to increase the existing inflammation, cause hæmorrhage, or lead to meningitis of the cord. Neither is it demonstrated that the reparative process can fill in the breach between the bones and thus effect anchylosis.

Lying on the back may be inexpedient for general reasons previously stated.

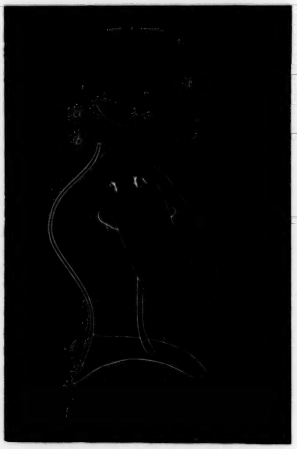
On account of these considerations, it seems preferable to use such an amount of extension as shall prevent pressure on the diseased surfaces, and that this slight extension should be constant through a long period of time, thus gradually permitting the bones to accommodate themselves to a more normal position without endangering the life of the patient, increasing his sufferings, or delaying his cure. In general, it may be stated, that any treatment of the deformity as such is bad surgery.

To summarize: The general condition of the pa-

tient is such that exercise is necessary. The deformity is such that constriction of the chest is inadmissible. Irritation by the motion of the ribs is unavoidable. A posterior splint may be harmful, and is unnecessary if the two ends of the spine can be kept in a fixed relation by apparatus that removes the weight from the diseased bones. The deformity itself is not a proper object of treatment. From these premises I deduce the following proposition:

In advanced cases of Pott's disease, with great deformity of the thorax, support of the weight of the parts superior to the disease, with slight extension, is sufficient treatment, while other interference may be dangerous.

In view of this proposition, I have devised, constructed, and by several years of trial practically demonstrated the usefulness of the following apparatus, which consists of the parts shown in the cut:



(*c*) The pelvic base carrying on either side crutches to support the arms and a rod at the back to support the head. (*b*) The neck piece permitting the lateral motion of the head. (*a*) The head piece permitting the nodding motion of the head.

The pelvic base is of sheet steel, hammered to accurately fit the parts to which it is applied. It extends from just below the anterior superior spine of the ilium on the one side along the crest of that bone, across the sacrum and along the crest of the other ilium, terminating at a point corresponding to that at which it commenced. For an adult the metal should be about $^1/_{16}$ of an inch (.0016 m.) in thickness.

From this pelvic base arise on either side short steel crutches, with carved wooden tops fitting the axilla, which slightly raises the shoulders, and thus supports the weight of the arms. At the back is a rod of malleable iron, double below, the parts being spread about four inches (.1 m.) to afford a firm attachment, and terminating above with a deep socket for the pivot of the neck-piece. This rod is made to follow accurately the curve of the spine without pressing upon it.

To remove the pelvic base, throw the shoulders forward off the crutches and turn the apparatus to one side, raising it slightly, when it readily slips off. The reverse of these manœuvers puts it into place.

The neck piece consists of an arc of iron, from the middle of which is a dependent stem fitting into the socket previously mentioned. At its ends are vertical screws slotted at the top for the bearings of the head-piece. The head-piece being lifted out of its bearings and drawn forward, the neck-piece can be taken out of its socket. Thus the head supporter can be entirely removed at the convenience of the patient while sitting or lying down.

The head-piece may be made of copper, steel, or vulcanized rubber. *It must fit perfectly.* If of metal, it is to be tinned or silvered on the inside to prevent corrosion, and lined with some thick fabric to protect the skin from chill, and the uncomfortable sensation of accumulated perspiration. It should be stiffened by bosses opposite the mastoid processes. *Exactly in the line* of the axis of the occipital condyles should be attached metallic studs, the necks of which fit into the slots in the screws of the neck-piece. By these screws the heighth of the head can be adjusted.* The weight of the entire apparatus for an adult is about three pounds, or perhaps two ounces less (1120 grms.)

The chief advantage of this apparatus consists in its perfect adaptability to a class of cases hitherto the opprobrium of the profession. With slight modification it might be made to meet the requirements of other classes of cases now treated by other methods.

The motions of the head are of great convenience to the patient, and can be permitted in every case, except in disease of the cervical region. In fact, the nodding motion might be permitted in every case, except in disease of the occipito-atloid articulation. The parts in contact with the body are perfectly fitting and quite rigid, thus reducing the local irritation to the minimum.

I have diligently searched the literature of the subject, and as far as I can learn, the support of the spine by suspension of the head and arms from apparatus resting on the pelvis without constriction of the trunk, the head supporter permitting the free nodding motion of the head on the axis of the occipital condyles, as well as the perfectly well fitting pelvic base fully open in front, are new and original inventions, and I would respectfully invite a more extended test of their practical value.

The price of the apparatus (making a general statement) varies according to the skill of the mechanic employed, etc., and is estimated to be from $25 to $50.

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*For detail description of head supporter see *Boston Medical and Surgical Journal*, May 18, 1882, page 469.

EXTIRPATION OF THE SPLEEN.

A TRANSLATION, WITH REMARKS,

BY A. N. BLODGETT, M. D., BOSTON.

The recent momentous strides in the science and art of surgery, which have resulted in the development of the antiseptic and the cultivation of the aseptic systems, have materially diminished the perils of operative interference, and in the same ratio have enlarged the boundaries of the legitimate domain of the surgeon, and have opened new fields, and added new diseases to the list of those formerly considered amenable to treatment by this means. The cavity of the knee-joint, formerly one of the most dangerous portions of the human body, is now incised and drained without hesitation; the thorax is opened with impunity; the pericardium is aspirated; the abdomen is laid open and its inmost recesses explored for intestinal obstruction; the ovaries, and indeed the entire internal female generative system is excised, amputated, ligated, cauterized, and subjected to treatment in many other ways which would have struck terror to the heart of many a courageous operator of a few years ago.

So rapid have been the advances in surgical science in this direction, that some enthusiastic operators look forward to the time when the cavity of the skull shall become accessible to mechanical treatment, and every organ in the body shall be deemed suitable to surgical manipulation. Already the kidneys are within their reach, the stomach is resected, and portions of the intestine excised with recovery. The spleen, however, still remains beyond the present limits of justifiable operative procedure. How long this will continue to be true is a question which is awakening increasing interest in the minds of medical men.

In this connection, the following summary of all known cases of surgical interference in the way of excision or amputation of the whole or any part of the spleen, may be of sufficient importance to warrant it a place in the columns of an American journal. It is a translation of a review upon this subject by Dr. Albert Blum, in *Archives General de Médicine*, June, 1883, and is given in full, as follows:

Deeply seated in the left hypochondrium, between the diaphragm, the kidney and the stomach, concealed and protected beneath the lower ribs, the spleen would seem to be safe from any traumatic violence. Its great vascularity, the important role which it plays among the viscera as a uropoietic organ would lead one to suppose that the spleen was outside the legitimate domain of surgical attacks. Experience and the facts derived from medical literature demonstrate, however, on the contrary, that the spleen is not exempt from accidental injury, and with the last few years certain of the bolder surgeons have deliberately attempted its extirpation by means of direct operative interference. We desire in this review to ascertain what are the chances of a favorable result from splenotomy as the result of a traumatic injury, as well as in those cases in which its removal is attempted by the surgeon on account of some disease of the organ.

(*a.*) Splenotomy consequent to injury or hernia of the spleen.

We have collected the details of seventeen observations detailed in the monographs of Magdelain, Simon and Zesas. We have arranged these cases in chronological order:

1. Franz Rousset (Traité nouveau d'hystérotomotokie, Paris, 1581,) relates that Dr. Viard extirpated the spleen successfully in two cases of wounding of the left side, in which the organ had become dislocated and partially degenerated and atrophied.

2. Clarke (Ephem. Nat. Curios. Obs., 1676). This was a case of attempted suicide in which a wound was inflicted with a knife in the left hypogastric region. A portion of the epiploön, the intestines and the spleen immediately protruded from the wound. The surgeon, who was called three days after the injury, returned the intestines to the abdomen, resected the spleen and a portion of the epiploön, and united the edges of the wound with sutures. The patient made a rapid and complete recovery.

3. Purmann (Chirurg. Curios., 1680). A man fell from the top of a house, striking upon the left side, and in his fall a knife, which he held in his hand, was thrust into the left side in such a manner that when it was withdrawn, a portion of the spleen came with it, and the epiploön protruded from the wound. This was immediately replaced. The side was much swollen and was treated by means of cataplasms. In six weeks the patient was well.

4. Nicholas Mathias (Ephem. Med. Physicæ, 1684, "*De excisa liene ex homine sine noxa*"). A man received a wound from a knife in the left hypochondrium. On the next day Mathias was not able to replace the spleen, which protruded in the shape of a hernia. After applying a ligature he extirpated the spleen, and three weeks after the operation the patient was well and able to resume his occupation.

5. Hannaeus (Ephem Nat. Curios., 1698). A peasant received a blow from a knife in the left hypochondrium, and the spleen partially escaped from the wound. The medical attendant, who first saw the case two days after the injury, applied a dressing, and the patient recovered with no impairment of his health from the accident.

6. Ferguson (Philosophical Transactions, 1737) was called to a man who had received a blow from a knife. He found the spleen lying outside the wound, and already cold, black and devoid of vitality. He applied a ligature about the mortified part, and resected 3½ ozs. of the spleen. The patient recovered perfectly.

7. Wilson (*Chelius Handbuch der Chirurgie*, 1743) reports that at the battle of Wettingen, in 1743, a soldier received a wound from which the intestines and the spleen protruded. The intestines were returned to the abdominal cavity, and the entire spleen was removed. The patient recovered perfectly.

8. According to Baillous, (Observationes Chirurg.) a surgeon of limited experience, resected the prolapsed spleen in an individual wounded in the left

side without knowing that it was the spleen, and the patient made a good recovery.

9. Dorsch, (*Kopp's Jahrbuch der Staatsarzneikunst-Harless, Rheinisch-Westphälische Jahrb.*) Jan. 20, 1797, in a general riot an individual received several stabs from a knife. He at once started in pursuit of his assailant, and on the way he noticed a portion of flesh protruding from the wound. He became much alarmed, fainted, and was transported unconscious to his home. January 21, it was found that this man, aged 35 years, and who had previously enjoyed the most perfect health, had received a wound on the left side between the two lowest ribs, from which a large portion of the spleen of a pyramidal shape had escaped, and was projecting from the body. It was so wedged between the lips of the wound that, in spite of the fact that it was not sensitive to pain, it was impossible to return it within the abdomen. A ligature was therefore applied, and half, if not more, of the spleen was detached. The patient recovered quickly, and was still in good health 23 years after the operation.

10. O'Brien (*Medico Chirurg. Journal, 1816,*) reports the case of a man of 39 years, who received a wound from a knife Jan. 14, 1814, below the false ribs on the left side. O'Brien did not see the patient until some days had elapsed. The spleen was then already in a state of inflammation and disorganization. A ligature was applied at the margin of the wound for the purpose of restraining hæmorrhage, and the protruding portion of the spleen was ablated. Violent febrile reaction supervened upon the operation. Feb. 13 the last fragments of the sloughing organ separated, and left a smooth wound, the edges of which were united with adhesive plaster and appropriate dressings. March 10 the patient was discharged well.

11. Lenhossek reports (*Hecker's Medicin Ann., 1828,*) that in 1815 a peasant, aged 19 years, received a wound of the hypogastrium through which the spleen projected, and as gangrene had commenced, the vessels were ligated and the entire organ was removed. The patient recovered, and was seen three years after the accident, and then enjoyed the most perfect health.

12. Donnel (Transactions of the Medical and Physical Society of Calcutta, 1836,) removed the spleen from a man aged 30, who had received a wound from which this viscus protruded. Two months later the patient was entirely well.

13. Berthet. (*Gaz. Med. de Paris, 1843.*) A man received a cut from a knife in a street brawl. The wound was in the lower left side. Berthet was called to see the patient eight days afterward, and found a hernia of the spleen, which had already become gangrenous and extremely offensive. He applied a ligature and resected the entire organ. The patient recovered, and lived in good health for 13 years afterward.

14. C. Bell (Pathol. Medic. v. Allan Webb, London, 1844,) reports that one of his former pupils had resected the spleen in a native of South America. The organ was in a state of gangrene. The operation did not produce any detrimental effect upon the health of the individual.

15. Schultz (Deutsche Klinik, 1856,) gives an account of a case in a lady aged 22 years, who fell from the top of a hay stack and struck upon the step of a carriage. The step penetrated the body between the ninth and tenth ribs. There was no hæmorrhage from the wound, but a fleshy substance of a bluish color immediately appeared in the cut and protruded from the body. Schultz found between the ribs mentioned a body of fleshy consistency, of the size of half the fist, which secreted a reddish yellow liquid. The surface was smooth, of gray color, and in some places deprived of its envelope. The respiration was embarrassed, and there were chills and febrile reaction. From the topographical relation of the parts, it was thought that the protruding organ must be either a part of the lung or the spleen. Schultz concluded that it was the spleen, and not being able to return it to its place, performed splenotomy by applying a strong ligature and resecting the projecting portion. Three small arteries required to be tied. The edges of the wound were united by adhesive plaster, and the whole covered with charpie. The part of the spleen which was removed weighed four ounces. Its texture was greatly changed, having in some parts been transformed into a purulent mass. The first day the wound secreted a thick pus of a light yellow color. The pain was very moderate. The fever persisted, and even augmented for some days. The appetite was voracious. Fifteen days afterward the wound was entirely cicatrized, and the patient left the hospital in a state of perfect health.

16. Bazille (Rec. de Mem. de Med. et de Chirurg. Militaire) relates the case of an Arab, aged 35 years, of robust constitution, who was admitted to the hospital of Djelloul ben Achem, March 2, 1869. In a riot the patient had been wounded by a knife in the left hypochondrium. One hour after the injury a fleshy mass was observed to protrude from the wound. Examination showed a very soft structure which was thought to be the spleen. It was 11½ cm long, width 9 cm, circumference 27 cm. The general condition of the patient was very good, and he only complained of hunger. Excepting the first day there was never vomiting. A ligature was applied, and the mass was removed March 5. On the 15th of the same month the patient had fully recovered his former health.

17. Pietrzycki (Przeglod Ckanski, 1874), being called in the capacity of medical expert to a peasant woman, found the spleen partially prolapsed as the result of a wound. After fruitless attempts at replacement a ligature was placed about the organ and the prolapsed portion was removed. Fifteen days after the operation the patient was entirely cured.

These observations are for the most part not accompanied by full details, and relate to partial and not to complete extirpations of the organ. One cannot help noticing the striking fact that in *all* these cases the result was a cure, and that in no case were there subsequent troubles which could be attributed to a loss of a portion more or less considerable of this viscus.

(*b*.) Splenotomy in cases of tumors of the organ.

The numerous physiological experiments by Malpighi (1669), Dobson (1830), have demonstrated that the spleen is an organ which is not indispensable to life. More recently Vulpian (1855) extirpated the spleen from a dog, which lived for six years. Bardeleben, Crips, Legros, repeated these experiments, which were confirmed by Zesas, in 1881. This observer removed the spleen from six hares, under the influence of chloroform, and applied the Lister dressing. All the animals recovered.

Four months after the operation, a microscopical examination of the blood showed a diminution of the number of red globules; the white globules, on the contrary, were increased in number and augmented in size. On killing the animals there was found a hypertrophied condition of the bronchial and mesenteric glands.

Credé (Langenbeck, Arch., 1882) has collected 30 cases of extirpation of the spleen, as the result of errors of diagnosis and on account of disease of the organ itself. We give the list of cases below, together with the weight of the organ removed, and, as far as possible, the time intervening between the operation and the fatal termination.

1. 1549, Zacarelli. Hypertrophy. Cure in twenty-four days. Weight of the spleen, 1340 grams.
2. 1826, Quittenbaum. Hypertrophy. Death in six hours. The spleen weighed 5 pounds.
3. 1855, Küchler. Hypertrophy. Death from hæmorrhage in about two hours. The spleen weighed 1500 grams.
4. 1865, Spencer Wells. Hypertrophy. Death on the sixth day. The spleen weighed 3150 grams.
5. 1866, Bryant. Leucémie (Leucocythæmia?) Death in one hour from hæmorrhage. The spleen weighed 2000 grams.
6. 1867, Péan. Cyst of the spleen. Cured. Weight of spleen, 1140 grams.
7. 1867, Bryant. Leucocythæmia. Death fifteen minutes after the operation. The tumor weighed 4650 grams.
8. Kœberlé. Hypertrophy. Death a few minutes after the operation. The tumor weighed 6750 grams.
9. 1868, Bryant. Leucocythæmia. Death in about fifteen minutes. The tumor weighed 4650grams.
10. 1873, Kœberlé. Hydatid cyst. Death in seventeen hours.
11. 1873, Urbinoto. Hypertrophied and wandering spleen. Weighed 1300 grams. Death on the third day.
12. 1873, Spencer Wells. Leucocythæmia. Death from hæmorrhage.
13. 1873, Watson. Death.
14. 1876, Péan. Hypertrophy. Cure. The tumor weighed 1125 grams.
15. 1876, Spencer Wells. Leucocythæmia. Death.
16. 1877, Billroth. Leucocythæmia. Death by hæmorrhage in about four hours. The tumor weighed 2975 grams.
17. 1877, Billroth. Leucocythæmia. Death by hæmorrhage in about one hour. The tumor weighed 5280 grams.
18. 1877, Martin—Spleen hypertrophied and wandering. Cure.
19. 1877, Browne. Leucocythæmia. Death in five hours, from hæmorrhage. The tumor weighed 2,975 grams.
20. 1877, Furhs. Hypertrophy. Death in eighteen hours.
21. 1877, Simmons. Leucocythæmia. Death from hæmorrhage in two hours.
22. 1878, Czerny. Hypertrophy. Cure.
23. 1878, Czerny. Leucocythæmia. Death in a few hours. The spleen weighed 3,886 grams.
24. 1878, Volney Worscey. Hypertrophy. Death.
25. 1878, Arnison. Leucocythæmia. Death.
26. 1878, Geissel. Leucocythæmia. Death. The tumor weighed 4,500 grams.
27. 1878, Pranzolini. Hypertrophy. Cure.
28. 1878, Hayward. Leucocythæmia. Death.
29. 1878, Baker Brown. Leucocythæmia. Death.
30. 1878, Credé. Cyst. Cure. The tumor weighed 1,720 grams.

From the above table we find that extirpation of the spleen has resulted fatally in every case of leucocythæmia. Every patient succumbed, either during the operation or immediately thereafter. This operation is unjustifiable, as well from the results of practical experience as in theory. It is no more rational to remove a leucocythæmic spleen, than it would be to remove glands which were enlarged as the result of infection from some malignant growth, without extirpating the growth. These operations, however, were all performed as a desperate resort, and at a time when the patients no longer had the vigor to withstand a serious traumatism.

Leaving out case 1, which claims only historic interest, we learn from the remaining 29 cases that extirpation of the spleen has been successfully performd 6 times—twice for cysts of the spleen (cases 6, 30), four times in cases of hypertrophy (cases 14, 18, 22, 27).

CONCLUSIONS.

When, in consequence of a wound of this region, there is hernia of the spleen, the surgeon would be justified in excising the protruding portion. All the observations relating to this condition indicate the benignity of this procedure, and its uniform termination in recovery.

In disease of the spleen, its extirpation is contraindicated in the case of cancer or of symptomatic hypertrophy, either in relation to an affection of the liver or to an *intoxication paludéenne*. The results of surgical interference have been universally deplorable.

Cysts of the spleen are curable by means of treatment more easy or less dangerous than extirpation.

In cases of wandering spleen the operation might be indicated if the symptoms were alarming. *En résumé*, it may be affirmed that splenotomy is practicable in the human subject without altering the condition of the health. This operation is indicated only very exceptionally. It is difficult to obtain a fortunate result, the chances being in favor of a rapid termination in death, due to hæmorrhage or to shock from the operation.

MEDICAL PROGRESS.

ANATOMY AND PHYSIOLOGY.

TRANSPOSITION OF THE VISCERA WITH DISLOCATION DOWNWARD OF THE LIVER.—Dr. Donald Fraser, in the *Glasgow Medical Journal*, gives the case of a middle-aged, single lady whom he had known professionally for many years without being aware that there existed in her case a complete transposition of the thoracic and abdominal viscera. The discovery of this fact was brought about in the treatment of a so-called bilious attack; tenderness and swelling of the abdomen on the left side, which was referred to the effects of a fall a month previous, led to a direct examination. A large, smooth, rounded swelling, which gave to the hand a feeling of solidity, occupied the lower half of the abdomen, lying chiefly on the left side. While it extended beyond the middle line, the greater part of it lay in the left iliac region, reaching into the hypogastric and left inguinal regions. The lower border was within an inch or so of the pubes, and the upper border was separated from the edge of the true ribs on the left side by an area of clear percussion which measured about three and a half inches. From its position and physical conditions it at first gave the impression of being a tumor of the left ovary. As its shape could be made out and the notch felt in the hypogastrinm, it was soon recognized to be the liver transposed, and dislocated downwards. Its consequent pressure on the external iliac produced a considerable œdematous swelling of the left foot and leg. A bandage and pad was so applied as to produce a continuous upward pressure on the lower surface of the liver, with the effect of, in about ten weeks, so far replacing the organ as to cause the tumor completely to disappear, the lower edge of the liver being felt underneath the edge of the left hypochondrium, with a complete subsidence of the œdema. In this case there was also effusion into the pleura at the base of the left lung, due no doubt to the dragging downwards of the diaphragm.

Further examination into the case showed a marked degree of lateral curvature of the spine, the convexity of the dorsal curvature being directed to the left. The patient was right-handed. The apex beat of the heart could be felt on the right side between the fifth and sixth ribs, at the distance of an inch and a half from the right edge of the sternum. The stomach occupied the right hypochondrium, and emitted a markedly tympanitic note. The splenic dullness could be detected on the right side.

DERMATOLOGY.

HERPES PROGENITALIS IN WOMEN.—Unna acted during four years as official examiner of public prostitutes in Hamburg. The number of these under strict surveillance is about 800, and about 25 per cent. of these suffer annually from herpes progenitalis. On the contrary, the disease is extremely rare in private practice in women. He ascribes the cause, in prostitutes, to excessive congestion of the genital organs, and believes that every herpetic eruption of the variety under consideration depends on a heightened congestion of the pelvic organs. There are men who are attacked by herpes after every act of coition, and there are prostitutes who have an eruption of herpes every time they menstruate; less frequently pregnancy and the puerperal state also induce the disposition to herpes progenitalis, which is readily explained on the same theory. It has been asserted, as a point of distinction, that pain never accompanies herpes progenitalis as it does herpes zoster. In Unna's experience, however, pain not only often accompanies the development of the exanthem, but usually precedes the eruption by one or two days. The eruption in men oftenest occurs on the second or third day, and not on the first day, after coition. He thinks compression of the nerves during penile erection may explain the pathogenesis of herpes progenitalis, much in the same way as, in Gerhardt's opinion, it accounts for the eruption of herpes labialis febrilis (*Jour. Cutaneous and Venereal Diseases*).—*Edinburgh Med. Jour.*

CASES OF THICKENED EPIDERMIS TREATED BY SALICYLIC PLASTER.—Dr. George Thin, at the Clinical Society of London, (*Lancet*), gave an account of cases of thickened epidermis, treated by salicylic gutta-percha plaster. The plaster which he used was manufactured by Herr Beiersdorff, of Hamburg, at the suggestion of Dr. Unna, who had introduced it into practice. He gave four cases.

CASE 1.—That of an adult man, in whom a tendency to extreme tylosis of the soles and palms was hereditary, being covered with an extremely thick and hard epidermis, and had been for many years in this condition, resisting very varied methods of treatment. Under the use of the salicylic plaster, which was kept constantly applied by means of bandages, and changed every third or fourth day, the hard layer of epidermis came off in one mass, leaving a delicate rose-colored epidermis behind it.

CASE 2.—A gentleman, aged 72, was unable to walk for seven months on account of an attack of sciatica. After its relief he resumed his active exercise, involving a good deal of walking on the hard pavement. The soles of both feet became hot and tender, and after a few weeks the skin of the ball of each foot became hard and horny. This lasted seven years, giving rise to much pain and discomfort. The salicylic plasters relieved the condition for several months at a time.

CASE 3.—A gentlemen, aged 43, palmar surface of right fore-finger covered for years by a thick, hard fissured epidermis. This morbid formation had been removed by the salicylic plaster, and the skin of the finger had remained normal when seen nine months later.

CASE 4.—A gentleman, aged 40, had suffered from the condition of his heels for about 20 years. It had begun by the skin being red, tender and scaly, and the hardness had gone on progres ively increasing. Amongst other methods of treatment which had been employed in vain, several antisyphilitic courses

were to be reckoned. When seen, the skin of both heels was covered by thick, hard, horny, uneven masses, which rendered walking very painful. By the use of the salicylic plaster the tendency to horny formation was not removed, yet the hard masses had been completely got rid of, and the fresh formation was avoided.

Dr. Thin regarded the condition of which these cases were examples as being essentially allied to eczema. The formative power of the epithelium was injured mechanically or otherwise, and an imperfectly formed epidermis resulted. By its solvent power on horny epidermis, salicylic acid incorporated with gutta-percha, freed the skin from an adherent, irritating mass, and the deeper layers of the rete mucosum were placed in more favorable conditions for regaining their physiological properties.

TARRY PREPARATIONS IN THE TREATMENT OF ECZEMA.—Nicale Anderson, in speaking of the use of tarry preparations, says that in many cases it is more appropriate to prescribe them in the form of ointments than of lotions, particularly when the parts feel stiff and rigid, and when there is a tendency to the formation of fissures. As a lotion he strongly advocates a mixture of equal parts of common tar, soft soap, and methylated spirits. Tarry lotions tend to discolor the parts to which they are applied and not uncommonly prove too stimulating, and then are apt to aggravate, instead of removing the eruption. The color can be rendered paler and the lotion diluted, and at the same time the combination is miscible with water, by mixing mineral tar and spirit in certain proportions and adding a little strong solution of ammonia.

℞ Picis mineralis ..... ℥ij
Sp. rectificati ..... ℥ij
Cola et adde.
Liquoris ammoniæ fort ..... m viij
Glycerine (Price) ..... ℥vj
Aquæ distillatæ ..... ℥xij

Such a mixture forms a yellowish emulsion with water in all proportions. It can be sponged on two or three times a day. Mr. Wheeler, of Ilfracombe, has informed Dr. Anderson that he has discovered that by the addition of laminaria saccharina, as prepared by him, to pix liquida, it is miscible with water in all proportions. Carbolic acid, best employed in solution, the strength varying with the degree of chronicity of the skin disease, removes at once the fœtid odor which often exhales from eczematous surfaces, counteracts the itching, and sometimes heals up the excoriations and ulcerations with remarkable rapidity. While emollient ointments, which depend almost entirely upon their oily ingredients for their beneficial effect, are best applied spread on rags, stimulating ones should, as a rule, be melted on the point of the finger and rubbed firmly into the affected part, and none should be allowed to lie undissolved upon the skin: nor, in most instances, should their color be perceptible after their application the surface should merely have the appearance of having been recently moistened. The part may occasionally be cleaned with white of egg and soft tepid water (rain water, if possible), for if layer after layer be smeared upon the skin it becomes rancid, acts as an irritant, and is calculated rather to be prejudicial than otherwise.—*Jour. Cutaneous and Venereal Diseases. Edin. Med. Jour.*

SALICYLIC ACID IN ECZEMA.—Lassar points out that salicylic acid is specially useful in eczema, and particularly when used as a two per cent. vaseline salve or vaseline zinc paste. In the common eczemas of the head in children, so numerous in dispensary practice, after two or three thorough cleansings, the daily application of the following salve nearly always suffices to obtain rapid and lasting results: ℞. acid salicylic, gr. 10; tinct. benz., m. xx.; vaseline, ℥j; m. ft. ung. On other parts, where a soft salve, which easily melts as this, is not suitable, where a firm dressing or a drying effect is desired, the following paste should be rubbed on: ℞. acid salicylic, gr. 19; vaseline, ℥j; zinci oxidi; amyli, ää ℥ss.; m. leniter terend., fiat pasta. So long as the secretion is abundant, the dressing should be daily renewed. Sometimes, when it dries hard, it tickles the skin; it should then be rendered soft by subsequent innunction with vaseline.—*Monatshefte für praktische Dermatologie* and *Ed. Med. Jour.*

RESORCIN IN A CASE OF EPITHELIOMA.—Dr. Manino, in an article on resorcin, reports a case of epithelioma that he has treated with it. G. P., aged 64, had always enjoyed good health until about four years ago, when he noticed a small growth on his right cheek, about the size of a split pea, which caused a great deal of pain. Continued scalding caused an abrasion of the skin, and on the slightest irritation it would bleed. Cauterization and excision only caused the growth to enlarge to a size of ten centimeters in diameter. The wound had a dark red fungous appearance, with indurated edges, and gave off a profuse thin, watery discharge. An ointment of resorcin and vaseline, 1–3, was applied twice daily for eight days, when a marked change for the better could be seen; a portion of the wound was beginning to heal over. After two weeks the ointment was weakened a little, and the case continued to progress rapidly. In a short time the whole surface was bridged over, and only a red scar remained. The treatment was painless, and far more satisfactory than when caustics are used.—(*Zeitschrift f. Therap.*) *Therapeutic Gazette.*

HYGIENE.

DETERMINATION OF SALICYLIC ACID IN MILK.—The use of salicylic acid as a preservative of milk, cream, butter, and other articles of food, has now become somewhat general. This compound may or may not be an improper preservative. One would, on general principles, prefer to partake of an article preserved by means of salt, or sugar, than by salicylic acid, or boric acid, and similar drugs. It is sometimes desirable to ascertain the presence of salicylic acid in food, and for this purpose the process recently suggested by A. Remont, appears to be a good one. 20 cubic

centimeters of, say, milk are shaken up with 2 or 3 drops of sulphuric acid, when the clot which at first forms is broken up, 20 cc of sulphuric ether are gradually added, and the mixture agitated until the ether is partially emulsified. On standing for some time, 10 cc of the etherial solutions are poured off into a test tube, having a mark on it to measure that quantity. The ether evaporates and a fatty residue is obtained, which is boiled in spirit containing 40 per cent. of alcohol, and allowed to cool. The 10 cc solution now contains all the salicylic acid present in the same quantity of the milk. 5 cc are filtered into a burette, 0.015 meter in diameter, 2 or 3 drops of a 1 per cent. solution of ferric chloride are added. A rich violet color is produced, and is compared with the color produced in a liquid obtained by similar treatment from milk containing a known quantity of salicylic acid.—Dr Chas. Cameron, in *Dublin Journal of Medical Science.*

MATERIA MEDICA AND THERAPEUTICS.

Investigations into the Action of the Digitalis Group.—Drs. Sydney Ringer and Harrington Sainsbury detailed the result of their investigations into the actions of the digitalis group before a recent meeting of the Royal Medical and Chirurgical Society (*Lancet*). Digitalis is taken as the type of a group of drugs whose influence is exerted mainly on the circulatory system. The facts of chief importance in this action are: 1. The arrest of the heart in systole (if the dose be sufficiently large). 2. The raised blood-pressure which obtains throughout till close upon the final systolic arrest. Digitalis action upon the heart is defined as the production of continuous spasm of the heart-muscle by direct action of the drug on this tissue. This spasm must not be of the nature of a tetanus, *i. e.*, of a fusion of adjacent beats, and it may affect either the whole heart or a limited portion of the same. The digitalis group is thereby enlarged so as to comprehend the caustic alkalies and barium salts. Experiments were recorded of circulating these various drugs through the vessels of a tortoise, in which the brain and spinal cord had been destroyed, and simultaneously experiments were made on the excised heart of the frog. The summing up of these experiments gave for the digitalis group, which included strophanthus, dyak poison, convallarium, hydrate of potassium, carbonates of potassium and sodium, and barium chloride, 1. That a like action to digitalis obtains with them. 2. The local action on the heart serving as the definition of digitalis action. 3. Actual experiment verifies the inference that the action on the muscular tissue of the arterioles is similar. 4. So far as the experiments go, these drugs do not influence the caliber of the vessels indirectly through the nervous system. 5. Many of the digitalis group are notable muscle-poisons; the tissue of the heart, standing functionally midway between the striped and unstriped muscular tissues, may permit of the inference that a marked action of the drug on the tone of the heart would indicate a similar effect on the tone of the vessels, whereas a marked action on the cardiac beat would indicate like action on the skeletal muscles.

In the discussion which followed this paper, Dr. Lauder Brunton disapproved of grouping the cases together. If we were to group together all those substances which produced narrowing of the arterioles, we should have to include half the pharmacopœia; we should rather group only those the sum total of whose action was identical. The action of digitaline on the voluntary muscles varied not only with the species or genus, but with the individual; he did not consider it as a marked muscular poison, and did not think it wise to draw conclusions as to the action of these drugs on the skeletal muscles from their action on the involuntary muscles. Dr. John Harley, considering the fact that these experiments were made on dying animals, thought they could have no specific value as to the action of the drugs which had been used. It was not wise to argue from these experiments that such and such an action would follow on the administration of these drugs to healthy, warm-blooded animals under ordinary conditions of life. Dr. Ringer, in his final remarks, referred to digitaline, as a drug about the action of which there could not be much doubt—it strengthened the heart, it slowed the action, it regulated the beat, and it tightened the arteries. As regards its action on the heart-muscle, it was well known that, if applied locally to a bit of the muscle in which there were no ganglia, it caused contraction, thus showing that the pneumogastric nerve and ganglia were not concerned.

Kreochyle.—Kreochyle is a new preparation of meat, made at the suggestion of Prof. Barff, and intended as a dietetic remedy in cases of acute disease, vomiting of pregnancy, aggravated dyspepsia, infantile diarrhœa, and similar conditions. The following analysis has been made by Dr. North, lecturer on physiology at the Westminster Hospital:

	Grammes per litre.
Soluble albumin	35.125
Potash	14.19
Phosphoric Acid	2.016
Nitrogen, in the form of Kreatin, Kreatinin, etc.	2.4998
Chlorides	6.186

The residue of meat, after having been used for the preparation of kreochyle, consists of

	Per cent.
Soluble albumin	nil.
Phosphoric acid	.704
Potash	.181

Together with all the fat, fibrin and gelatine.

Kreochyle, therefore, is superior to beef tea, as it contains not only the extracts but a large amount of albumin. It is pleasant to the taste, and has proved valuable in the hands of many practitioners.—*Birmingham Medical Review.*

Sir Benjamin Brodies' Prescription for Gout.—℞ Pil. hydrargyri, ext. rhei, ext. colve. co., āā ℈j; ext. colchici acet. gr. xv. Ft. pil. xv. Sumantur tres hona somni pro re nata.—*Birmingham Medical Review.*

THE

Journal of American Medical Association.

PUBLISHED WEEKLY.

THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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Address

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION,
No. 65 RANDOLPH STREET,
CHICAGO, ILLINOIS.

SATURDAY, JANUARY 26, 1884.

AN ETHICAL SYMPOSIUM.—Being a series of Papers concerning Medical Ethics and Etiquette from the Liberal Standpoint.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION has just been honored with a copy of a small and neatly printed volume from the press of G. P. Putnam's Sons, New York, with the above title. The object of the volume is stated in the following paragraph from the preface: "The object of this little book, therefore, is to place before the reader the motives which induced a large number of medical men of the State of New York to dissent from some of the rules (meaning the National Code of Ethics), which had hitherto controlled and guided them in their intercourse with themselves and the public."

And the *motives* set forth in the book all converge into one, namely, to get rid of certain restrictions which existed in the National Code, chiefly with regard to consultations, which is clearly indicated in the following paragraph, also from the preface of the book:

"It had been long felt that the Code of Ethics which had obtained in the State of New York, was an instrument which, however good at the time it was framed, no longer met the needs of the medical profession in the State; that its restrictions, if complied with, were embarrassing and absurd, etc."

The leading motive that impelled the action of the Medical Society of the State of New York to abolish the National Code of Ethics, which had been and still is the Code of the American Medical Association and of nearly every State and local medical society in the United States, being conceded, there are three aspects in which the movement should be viewed by every thoughtful and true lover of his profession. The first relates to the origin of the National Code of Ethics, the sources of the authority to make it, the legitimate mode by which it may be either amended or abrogated, and the essentially disintegrating and anarchial tendency of the method adopted by the State Society of New York. The second relates to a candid and direct examination of the comparative merits and demerits of the Code adopted by the New York Society. Is it in any sense a more *liberal* Code, or does it simply change one standard of restriction for that of another? Does it better protect the interests of either the patient or his medical attendant, or does it place the latter entirely at the mercy of the consultant?

The third aspect relates to the legitimate tendencies of the New York movement, and the duty of the American Medical Association and of the State and local societies in the several States in relation thereto. At the risk of wearying some of our readers, we propose to discuss these several aspects of the general subject with some degree of care; but shall have time and space for only a brief consideration of first in the present number.

In compliance with an invitation from the Medical Society of the State of New York, a convention o delegates from the medical societies, colleges, hospitals, and other permanently organized medical institutions in all parts of the United States, assembled in the city of New York in the first week in May, 1846. This convention of representative members of the profession from every section of the country, after due deliberation, appointed able committees to prepare a plan for a permanent national organization; to consider the standard of preliminary education necessary before entering upon the study of medicine; to consider the subject of medical college education; to prepare a code of ethics for regulating professional intercourse and harmonizing the interests of the profession and the public; and to prepare a nomenclature of diseases. Having appointed committees on these several subjects, they were directed to report at an adjourned meeting of the convention in Philadelphia in May, 1847.

At the appointed time the convention re-assembled, embracing much fuller delegations from the medical societies and institutions in all parts of the country, and each of the several committees presented a well considered report. A majority of the Committee on the Plan for the Permanent Organization was composed of delegates directly from the New York State

Society, at the head of whom were John Stearns, John Watson and others, some of whom are still living; while the same society was represented on the committee to report a National Code of Ethics by one of the most eminent of all her members, Dr. Alonzo Clark. We call to remembrance these facts, simply to show that the New York State Medical Society had her full share of influence in framing and adopting both the Constitution and Code of Ethics of the National Association. The declaration of the convention in 1846 that it was "expedient for the medical profession of the United States to institute a National Medical Association" was cordially sustained by the votes of her delegates in that convention; as was also the second clause of the constitution, adopted by the adjourned convention in 1847, which declares that "the members of this institution (The National Association) shall *collectively* represent and have *cognizance* of the *common interests* of the *medical profession in every part of the United States*."

It is thus seen that the New York Society entered fully into co-operation with the State societies and medical institutions of all the other States in forming the American Medical Association, and committing to it the control of the *common interests* of the whole profession, and especially in preparing and adopting a Code of Ethics which should be uniform in "every part" of the country. Having done this, and having continued such co-operation by annually appointing her full quota of delegates to the regular meetings of the national organization, she was bound by every principle of honor, nay, even by the most common sense of propriety, if she desired changes in the National Code of Ethics or the rules for regulating professional intercourse; to formulate such changes and request or instruct her delegates to present them in due form for the consideration of the National Association. Under the rules of that Association such presentation would necessarily have been received, printed in the minutes of the meeting for the information of all the members, and have come up under the rules at the next annual meeting for full consideration and final action in open meeting of the Association. Such a course would have been, not only in accordance with the rules of the national organization, to which had been committed this most important interest common to the whole profession, but it would have been equally consonant with the honor of the New York Society, and with the mutual relations she had entered into with her sister societies in the other States of the Union. That she did not take this course so plainly open to her, and so obviously in consonance with her obligations to the profession at large, is not only well known, but fully acknowledged in the "little book" before us, as the following quotation from the preface will show: "From past experience it was felt that it would be useless to present the matter to the American Medical Association for action, and it was decided that the change should be made by the State Medical Society."

What "past experience" is here alluded to? Had the New York Society or the society of any other State ever asked the National Association to alter a single paragraph of its Code of Ethics? Had any one of the eleven contributors to this book ever presented an amendment or alteration of the Code to the Association for its consideration and action? Is there anything on record in the past history of the Association indicating an unwillingness to listen to propositions for revising or amending the Code of Ethics. On the contrary, had not the Association actually had under consideration, in the very manner I have indicated, and finally adopted, an addition to the Code only the very year previous to the independent action of the New York Society? The answer to each of these questions is obvious; and the pretence of "past experience" is a mere afterthought, as unmanly as it is destitute of any foundation in the facts of history.

No subterfuge or pretense can cover up the naked fact that in the action of the New York Society abolishing the national Code and adopting a substitute of her own, she acted in total disregard for her obligations to the national organization she had helped to create, and in which she had at the time a full corps of delegates; in contempt for her sister societies in other States, which had become joint constituencies with her; and in disrespect for her own delegates. It is this disintegrating or disorganizing *method* of action adopted by the New York Society that is more objectionable than any other feature of her work. Should her example be followed by the profession of other States, two decades would not pass before the profession of our country would be back in the same social and ethical condition so graphically described by Dr. Drake half a century ago, as quoted by our Crawfordsville correspondent in the present number of the JOURNAL—see page 108.

OHIO STATE SANITARY ASSOCIATION.—The first meeting of this proposed State organization is to be held in the City Hall, Columbus, Ohio, on the 14th and 15th days of February, 1884, commencing at 10 A. M. The programme provides for a two days session and a permanent organization. A fair number of papers on important subjects are promised, and there

are ample assurances that the meeting will be well attended, and will exert an important influence on the future sanitary interests of that wealthy and populous State.

The following railroads will return delegates at the rate of one cent per mile, upon presentation to the ticket agents at Columbus of a certificate that they have paid full fare one way, signed by the Secretary of the Association:

Indiana, Bloomington & Western.
Columbus, Hocking Valley & Toledo.
Cleveland, Akron & Columbus.
Scioto Valley.
Cleveland, Columbus, Cincinnati & Indianapolis.
Ohio Central.

The following railroads will sell round trip tickets to all persons who will attend the meeting of the Association, at two cents per mile, upon presentation to the local ticket agent of a certificate furnished for that purpose:

Pittsburgh, Cincinnati & St. Louis or C. St. L. & P. R. R.
Baltimore & Ohio.

These certificates will be forwarded on application to R. Harvey Reed, Acting Secretary, Mansfield, Ohio.

A PROPOSED NATIONAL PHARMACOPŒIA.—In the House of Representatives, January 8, 1884, read twice, referred to the Committee on Ways and Means, and ordered to be printed, Mr. Randall introduced the following bill:

"A bill to prepare and publish a national pharmacopœia for the United States:

'Be it enacted by the Senate and House of Representative of the United States of America in Congress assembled, That the Secretary of the Treasury shall, as soon as practicable, detail two officers of the Marine Hospital service, and the Secretary of War shall detail two officers of the medical staff of the Army, and the Secretary of the Navy shall detail two officers of the medical staff of the Navy, for the duty of compiling and preparing a pharmacopœia, which shall be known as the "National Pharmacopœia of the United States of America," and shall be held and accepted as the standard for the purveying, compounding and dispensing of drugs or medicinal agents, and shall be taken as authority in the Treasury Department on all questions arising under the tariff laws of the United States with regard to the nomenclature, description and purity of drugs or remedial agents, and shall further be received in evidence in the United States courts. And the matters contained in the said pharmacopœia shall be free for use by all authors and commentators for the benefit of the medical and pharmaceutical professions and of the community at large; and it shall not be lawful for any one to reprint and publish the said pharmacopœia as a whole.

'SEC. 2. That the medical officers detailed as above provided shall invite the American Medical Association and the American Pharmaceutical Association, at their next annual meetings, to form committees of not more than three members from each of the said associations, which committees, if so appointed, may co-operate with the above-named medical officers in the preparation of the said pharmacopœia, forming a board which shall have power from time to time to add to its number as may in its judgment be necessary, and which shall elect a chairman and a secretary, and adopt such rules as it shall see fit for the expediting and perfecting of the said pharmacopœia, which, when completed, shall be printed under the supervision of the said board; and an edition of not less than 5,000 copies shall be printed for use in the several Departments of the Government of the United States; and copies may be furnished to private persons in accordance with the provisions of section 3,809 of the Revised Statutes.

'SEC. 3. That for the purpose of defraying the necessary expenses of preparing the said pharmacopœia the sum of $5,000 is hereby appropriated out of any moneys in the treasury not otherwise appropriated, and the same shall be disbursed under regulations to be prescribed by the Secretary of the Treasury.

'SEC. 4. That the said pharmacopœia shall be revised once in ten years, upon the plan embodied in this act.'"

The above bill, if it becomes a law, provides for the preparation and publication of a work of much importance, both to the medical departments of the public service and to the whole profession.

The method of supervision and preparation provided in the bill secures as much freedom from local and partisan influences, and imparts to it as much of a truly national character, as is possible, while the publication by the government removes it entirely from the field of financial strife or competition. We hope individual members of the profession in every State will use what influence they have with their representatives in Congress, promptly, in favor of the passage of the above bill.

THE ARCHIVES OF PEDRIATRICS.—We have received the first number of this new monthly medical journal, devoted entirely to the diseases of infants and children. It is published in Jersey City, under the direct editorship of William Perry Watson, A.M., M.D., and an able corps of assistants or collaborators in the principal cities of this country and some in Europe. The journal contains sixty-four pages of reading matter, occupied by original articles, clinical lectures, clinical memoranda, translations, and abstracts. It devotes no space to advertisements of any kind. We wish the new enterprise an abundant

success. Terms, three dollars per annum. Address *Archives of Pedriatrics*, Jersey City, New Jersey.

MEMORIAL MEETING.—The meeting of the Suffolk District Medical Society, Section for Clinical Medicine, Pathology and Hygiene, held Jan. 9, 1884, was made the occasion for appropriate tributes to the memory of the late Dr. Calvin Ellis, who was for many years one of the most distinguished physicians and medical teachers in Boston, and was an active member of the Society.

NEWS ITEMS.

EXTRACTS FROM FRENCH JOURNALS.—Mme. Lachapelle: In *Le Medecin Praticien* Dr. Verrier gives an extended sketch of this celebrated woman. He commences by asserting that nearly all of the laity, a great many midwives, and some physicians, believe that the name of a certain Mme. Lachapelle, who advertises in the journals of the day to cure sterility, indicates the midwife in charge of the Paris Maternité, who died in 1821, and left us as a legacy her memoirs in three volumes. Marie Louise Dugès, better known as the widow Lachapelle, was born in Paris, Jan. 1, 1769. Her father was a sanitary officer; her mother a midwife at Chatelet and at the Hotel Dieu. She married, in 1792, M. Lachapelle, surgeon in charge of the service at the Hospital St. Louis. He died in 1795, leaving her childless and devoted to her calling, which she had already practiced before marriage under the instructions of her mother, and which she continued at the Hotel Dieu during her married life. From this account the accommodations for the poorer classes, during and after confinement, in the hospitals of Paris at this time, must have been of the most crude and unsatisfactory character, and the instruction to midwives was confined almost entirely to theory. In consequence of the exertions and representations of Mme. Lachapelle, seconded by the medical faculty of Paris, in 1795 the Maternity hospital was established, and she was soon joined in her work there by Baudelocque. In the school for midwives, which was a part of the institution, Mme. Lachapelle gave two or three lectures a day, illustrating her subject by the use of the mannikin, and requiring a recitation from her pupils on the matter taught.

As a practitioner, Baudelocque has expressed his admiration of the facility with which her supple, delicate hand, always intelligently directed, surmounted all obstacles, and he took pleasure in confiding to her the care of difficult cases and watching her successful efforts.

In the same journal we note the following advertisement: Mlle. ——, maitresse sage-femme of the first class, professor libre d'accouchements for midwifery students, will take to board yonng girls from the country to direct them in their studies and at the clinics. She prepares them and renders them apt, after a year of work, to pass with success the examination for midwife of the first class before the Paris Faculty. Home life. Charges moderate. Absolute morality is required. In case of a recognized inaptitude, the pupil will be returned to her family after the first three months.

JEQUIRITY — ABRUS PRECATORIUS. — Dr. C. W. Tangeman gives, in the January number of the *Therapeutic Gazette*, a systematic and exhaustive consideration of this new remedy, which has been creating such a stir, especially among ophthalmologists, on account of its reputed efficacy in curing trachoma, or granular lids. Jequirity is the name of a plant belonging to the family of papilionaceæ. It is indigenous to India, South America and tropical Africa. Although other parts of the plant have medicinal properties, it is the seeds which have been used for the purpose indicated. These seeds are of two varieties, one being of a bright red, and the other of a pale yellow color. The bright red are the variety which has found most favor as an application to granular lids. The remedy was first employed scientifically by de Wecker, the famous Parisian ophthalmologist, who received the hint from a patient whom he had unsuccessfully treated, and who on his return to his home in Brazil subjected himself to the popular treatment, as it is known among the natives of that country. De Wecker, acting on the instructions furnished him, prepared an infusion by bruising the seed to a fine powder, and then adding the proper quantity of water and allowing it to macerate for twenty-four hours. This infusion applied to the conjunctiva possesses the peculiar property of exciting a specific inflammation which, in the majority of cases, is of a diphtheritic nature. After this jequiritic inflammation has subsided it is found that the trachomatous bodies have disappeared. It will thus be seen that the seeds have succeeded in establishing a substitutive inflammation, which, running its course, smothers or otherwise overcomes the depraved process to which the granulations are due.

Dr. Tangeman details a number of very interesting physiological experiments with the jequiritic infusion on the eyes of animals, from the results of which, conjoined with his observations of the therapeutic effects of the drug in the human subject, he formulates the following conclusions:

1. Generally speaking, and judging from the results usually obtained in the treatment of trachoma, the results are remarkably good and satisfactory.

2. In the large number of cases a purulent inflammation is not excited, but nevertheless the results are favorable.

3. The strength of the infusion influences the amount of the reaction.

4. An artificial inflammation can be set up any number of times by use of the infusion, which speaks against its being an infectious disease.

5. It acts on mucous membranes other than the conjunctiva.

6. It does not seem to be necessary to produce a purulent ophthalmia to bring about about absorption of the trachomatous process.

7. An involvement of the cornea can always be

prevented by a suspension of the applications and the use of a corrosive solution, 1:8000, two or three times a day.

8. The reaction is much more marked if a slight amount of irritation is made with a brush while applying the infusion to the lids, so as to cause an abrasion of the epithelium.

While the jequirity bean is undoubtedly an agent of great value in the treatment of granular lids, its use should be conducted with circumspection, and the patient should be closely watched by the physician. While cases are occasionally met with which are not benefited by this treatment, it is nevertheless very uniformly successful.

BY a recent order issued by the Surgeon General U. S. A., Dr. J. S. Billings has been placed in charge of the Medical Museum and Library, thus consolidating the two. While remembering his successful efforts to make the library what it has become, as the medical library of the world, and the use he has made of its material by giving to the medical profession of the world the Index Catalogue, it is fair to presume that in this new field for his labor he will find the opportunity for utilizing to the best advantage the treasures now put under his control. Now that we are at peace with all mankind, save a poor handful of red men, and the army has been correspondingly reduced in size, it is not probable that pathological specimens will find their way in any quantity to the museum cases, but there are other fields remaining to be worked that would add to the usefulness of such a museum. With the many valuable specimens in our museums of comparative anatomy, there is but little to illustrate comparative physiology—that is, to illustrate the functional development of organs and viscera, from the lower to the higher types of animals, to reach their final, not perfection, perhaps, but completion, for our studies in man. The valuable models of Auzon and his followers, and the various instruments used in research, diagnosis, and the relief of disease, would all find a place in an ideal museum.

DR. ROCHARD, Medical Director of the French Marine, who some weeks since received, at the hands of a lunatic, a gunshot wound of the lung, which for some time caused grave apprehensions, has since made an uninterrupted recovery, so that he was enabled, at the last meeting of the Académié de Médicine, to thank his colleagues personally for the great interest they had taken in his progress, and to inform them that he had so completely recovered that "all that remained to him of this adventure was a small piece of lead in the right lung, and great gratitude in his heart."

THE editors of the *Archives of Medicine* with the December number announce a discontinuance of the journal, after a satisfactory existence of five years. The suspension is rendered necessary, not from lack of support by contributors or subscribers, but through a combination of extraneous circumstances.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

At the meeting of this society on the evening of January 7, 1884, Dr. J. G. Kiernan read a paper on "Perverted Sexual Instinct." Upon this topic the literature of the past was reviewed to a considerable extent by the writer, of which the following extracts have been taken, a part of the phraseology not being in very common use: Casper was the first to call attention to the condition known as sexual perversion, but not until several works had been published by a Hanoverian lawyer, Ulrichs, himself a sufferer from the disease, did the matter become the subject of scientific study on the part of physicians. Westphal was the first to discuss it, and described two cases, one, a female whose history, when a child, is said, to have been fond of boys' games and the putting on of male attire. From her eighth year she had felt drawn to certain girls and liked to express her love for them, kiss them, and induce them to let her touch their genitals. She came of a neurotic ancestry, and displayed somatic signs of degeneration. She had imperative conceptions, and displayed symptoms of insanity other than the perversion. His second case was a male, who felt attracted by males. Servals reported a case, that of a male, who in addition to sexual perversion was morally imbecile. Schminke and Scholz have reported cases in males. Westphal, in addition to the two cases *above* cited, has later reported an additional male case. Krafft Ebing, after citing four cases (all males), concludes, that the main symptoms of the condition are first congenital absence of normal sexual feeling and at times repugnance to normal intercourse, although they appear sexually developed normally.

The sexual psychical phenomena are replaced by this perversion. Sexual desire appears early and extends to the same sex, or at most the feeling finds expression in mutual onanism, but as a rule pæderasty is repugnant. Tamassia and Legrand du Saulle have reported one case each, both males. Stork reports three cases, one displaying primary monomaniacal tendencies. Raggi has reported a case of what he calls sexual perversion in a male, who, from having enlarged breasts, created the delusion that he was a woman. Charcot and Mognan have reported one case. In this country five contributions have been made to this subject. One by Dr. H—— (see anonymous contribution New York *Medical Record*, April 18, 1881), who describes the case of a male; one by Spitzka, who deals with a historical case; one by Blumer, who describes in a very thorough manner the case of a male in whom the perversion had very Platonic manifestations (a kind of love of which Plato was a great expounder); Shaw and Ferris reported one case which, however, was not well observed; and one case by Wise who describes the Lesbian loves (from Lesbos, an old Greek city) of two victims of this perversion. The author has seen three cases, two of which were impure, the other, a female, aged twenty-two, whom he describes as being of

neurotic ancestry on the paternal side, her cranium and face being asymmetrical. The patient has always had a fondness to dress in male attire, and she feels at times sexually attracted by some of her female friends, with whom she has indulged in mutual masturbation. These feelings come at regular periods, and are then powerfully excited by the sight of the female genitals. In the interval she manifests repugnance to attentions from men. She is aware of the fact that while her lascivious dreams and thoughts are excited by females, those of her female friends are excited by males. She regards her feelings as morbid. At times she is troubled by imperative conceptions, such as that if she turn her head around she will break her neck, in consequence she carries her head in a very constrained position.

Regarding the cause, excluding the impure cases of Ulrich's, Dr. Kiernan stated that thus far there have been 27 cases reported, *four females, the rest males*, which would seem to appear that sex predisposed to the affection, but it should be remembered that a history of female sexual desire is not easily obtained, that in nearly every case a neurotic ancestral history was obtained, and that the condition then appeared to be congenital

Treatment.—To remove this perversion is out of the question. Dr. Wise has recommended that all such cases be sent to an asylum. Krafft Ebing proposed that these patients be exempt from legal penalties, and allowed to follow their inclinations when harmless, and when not violating public modesty.

The case recited by the author, he treated as if it were one of nymphomania, and by antaphrodisiac measures he sought to strengthen the patient's will, and at the same time by instituting a course of intellectual training. The patient has been aided by these means so far as to be able to control her perverse inclinations.

Dr. E. Andrews discussed the paper by saying, cases of this kind occurring to people living in cities situated in the southern half of Europe are not regarded as cases of insanity, and in Italy many boys open a vicious trade to travelers, which, no doubt, is due to corrupt associations there. Among the Latins, and Greeks, and people living along the Mediterranean Sea, vicious habits of all sorts were practiced 200 years ago, according to some works on ancient literature. In a certain saloon-parlor in Paris, there is exhibited a fine large picture of a nude figure to represent a hermaphrodite, for certain kinds of lascivious purposes, and both sexes view it. Prostitutes frequently are known to be affected with chancroids on the verge of the anus, and the men frequenting the place often contract specific disease in the mouth.

Dr. R. E. Starkweather inquired of the essayist if he considered the cases that the newspapers had published so much recently about, occurring in Wisconsin, a mutual or mental disease? Both the persons are said to be females, and the latest report states that one is pregnant.

Dr. Kiernan thinks there is scarcely a civilized nation in which the vice is not practiced; and this vice aspect is common in Asia, also in Naples.

Among the Pueblo Indians, one of their number is delegated as a pæderast. He, however, thinks these cases should be divided into two classes, one of which are vicious, the other perverted. Regarding the last speaker's interrogatory, Dr. K. thinks we can reject the pregnancy part of the question; and then, too, in the case he alludes to we are not assured that both are women, for the scrotum of a man may be adjusted so as to elude detection, and other things being equal, a male person may dress in female clothing and readily pass as such.

Dr. Charles E. Webster read a well prepared paper on Pott's Disease, and exhibited a mechanical appliance of his own invention, that he had manufactured for the relief and cure of dorsal caries. The apparatus was examined by the gentlemen, and many of them endorsed it as being superior to the jury-mast and head-lift, it being far less cumbersome than the former, which is apparently always in the way. The paper is an original contribution, and differs somewhat from the literature upon this subject. A description of the apparatus and mode of application which has been prepared by our reporter we omit here, as the paper in full is contained in another part of this number of the JOURNAL. L. H. M.

IOWA CENTRAL MEDICAL ASSOCIATION.

The Iowa Central Medical Association met at the parlors of the Tremont House, January 8, 1884. The President, Dr. H. L. Getz, called the meeting to order. After reading the minutes of previous meeting, the regular order of business was proceeded with.

This being the annual meeting, the following officers were elected for the ensuing year: President, Dr. Chas. Reiterman; Vice President, Dr. Wm. B. Kibbey; Secretary and Treasurer, Dr. Harriet Conniff; Censors, Dr. H. L. Getz, Dr. James Lang, and Dr. Rosa Tysson.

The retiring President, Dr. Getz, now delivered the annual address, his subject being "Medical Issues of the Day," wherein he sharply criticised the *reasons* given for change of code by the New York Medical Society, and yet urging leniency and liberality on the part of the profession in the construction placed upon it, where consultations were required in out of the way places and in localities where competent physicians or surgeons could not be induced to locate. He also pointed out the gross inconsistency in the pretended consultations between regular and homœopathic physicians. The doctor advocated and hoped that he might see added to article 1, section 3, of the present Code, a clause not only *permitting* a physician to give on his card the name of medical college at which he graduated, the city in which it is located, and the date of his or her graduation, but that it would be made as *obligatory* to do so. His reason for advocating this addition to the present Code being that it would, first, enable the public to select intelligently a competent, or at least a properly qualified physician; second, by doing this it not only protects the general public from imposition, but it likewise protects the physician who has spent his means and time in properly qualifying himself for his pro-

fession from *theft* on the part of the unqualified, or those who *claim* to have obtained regularly the degree of Doctor of Medicine and Surgery; third, that this change of Code can be easily made by the profession, and since desirable medical legislation is so difficult to obtain, the proposed change of Code would, to a great degree, take the place of desired medical laws; fourth, that the change advocated would be the cause of persons entering the profession obtaining their degree only from the best medical colleges, consequently do much toward a "so much talked about but so little accomplished" higher medical education. Other important and interesting questions were discussed.

The newly elected President, Dr. Reiterman, after a few well chosen remarks, now took the President's chair.

Dr. Getz reported the following cases of interest:

Case 1. Woman; married; aged 35 years. Cystic degeneration of kidney; cyst weighing about seven pounds successfully removed by abdominal section similar to ovariotomy.

Case 2.—Male; aged about 30 years; cut throat with large pocket knife, severing all tissues from one carotid artery to the other; severing the trachea completely, and the œsophagus about one-half; liquids taken by mouth escaped through cut on throat. The trachea and all parts were carefully approximated by deep and superficial sutures, and the patient nourished by liquid food injected into the stomach through tubes. Recovery has been steady and satisfactory, the patient now, just one month since the injury, being able to take liquids and solids in the usual way with little or no inconvenience.

Case 3.—Woman; aged about 25 years; pelvic cellulitis followed by abscess and complicated by hæmatocele; operation indicated and done; evacuating by trocar; patient recovering.

Case 4.—Railroad injury; caused by hand-car running over body; fracture (comminuted) of leg, and sustaining severe injury to spine, causing paralysis of the bladder and bowels; the latter are slightly improving; the former continues paralyzed; injury sustained six weeks ago; leg is doing well.

Other cases of interest were reported by Drs. Long, Conniff, Reiterman and Kibbey, after which the meeting adjourned.

THE MICHIGAN STATE BOARD OF HEALTH.

[Reported for the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.]

The regular quarterly meeting of the Michigan State Board of Health was held in the office of the Board at Lansing, Michigan, Jan. 8, 1884, the following members being present: Jno. Avery, M.D., of Greenville, President; J. H. Kellogg, M.D., of Battle Creek; Victor C. Vaughan, M.D., of Ann Arbor; C. V. Tyler, M.D., of Bay City; and Henry B. Baker, M.D., Secretary.

The recommendations to the Warden of the State House of Correction, by Dr. Jno. Avery, Committee on Buildings, Ventilation, etc., under date of Sept. 7, 1883, for improving the ventilation of the shops at the State House of Correction, at Ionia, were ordered printed in the next Annual Report.

The Secretary read a resumé of recent work of other boards of health; also, a summary of the work of the office of this Board during the last quarter, which showed that a successful sanitary convention had been held at Ionia; that partial arrangements had been made for holding one at Hillsdale; that the proceedings of the Muskegon, Pontiac and Reed City Conventions had been printed; that special meetings of the Board had been called at the State Reform School to examine plans for a new building; at Detroit to attend American Public Health Association; and at Ionia at the time of the convention; that a leaflet on contagious diseases had been translated into French, Danish-Norwegian and Swedish for general distribution among citizens of Michigan who speak those languages; that a very general distribution of circulars on communicable diseases and on the work of health officers had been made to the health officers of cities, villages and townships in Michigan; that similar documents were distributed at Ionia, and at the State Teachers' Association; that circulars, blanks, etc., had been sent to health officers and clerks of all cities, villages and townships in Michigan for their annual report, including that of the diseases dangerous to the public health; that notice had been sent to health authorities in several parts of the State warning of the shipment of diseased cattle into such localities; that the regular distribution of weekly bulletins of sickness and of meteorology, the yearly distribution of material for meteorological reports, and the quarterly distribution of blanks to observers of diseases, had been made.

The Secretary presented reports from Dr. Hazlewood, who as committee of the Board attended the Sanitary Convention at London, Ontario, and the meeting of the Board of Corrections and Charities at East Saginaw. In connection with the first report, Dr. Hazlewood described the water supply of that city (London), and the Secretary, who also attended the convention, described a visit to the Asylum for the Insane near London, Ontario.

By request of the State Board of Corrections and Charities, committees were appointed to examine and report on the sanitary condition of the jails, asylums, etc., in several counties in Michigan.

Drs. Avery and Kellogg were appointed a committee to investigate and report at next regular meeting on the sewerage, ventilation, etc., of the Capitol building.

A committee, consisting of Drs. Baker, Kellogg and Vaughan, were appointed to examine and report on the sanitary condition of the State Reform School and surroundings.

Dr. Kellogg presented and read portions of a very interesting report on the present knowledge respecting diphtheria, which will be published in the next Annual Report.

Considerable discussion occurred over the examination of text-books on physiology and hygiene, with reference to alcohol and other narcotics.

Only four books had been presented for examina-

tion. The committee reported relative to these books, and asked to be discharged, but the committee was continued, Professor Vaughan added to it. It was directed to confer with a similar committee from the State Board of Education, and it is to report again at the next regular meeting of the Board, April 8. It is hoped that publishers of school books will give early attention to this subject, and that more than one book can be approved at that time.

STATE OF MICHIGAN,
ATTORNEY-GENERAL'S OFFICE,
LANSING, Jan. 9, 1884.

HENRY B. BAKER, M.D., Secretary State Board of Health.

Dear Sir:—Yours relative to the proper construction of Act 167, laws 1883, entitled, "An Act to Promote Public Health," and inquiring whether physicians could lawfully register after the time fixed by Statute for the registration of physicians, is at at hand, and in reply would say, that physicians *can lawfully register at any time.*

The Act, after declaring the necessary qualifications for the practice of medicine in the State, required that persons so qualified should, within three months after the law took effect, file with the county clerk the statement therein set forth.

The three months after the law took effect, as specified in the Statute, was simply a limitation of time beyond which no person could lawfully practice medicine without being registered.

The person who failed to register within that time, but practiced as a physician, made himself liable to the penalties prescribed in the Act, and is also barred by Sec. 4 of the Act from recovering pay for professional services rendered subsequent to the time when he should have registered, and prior to the time of his compliance with the law. A removal to another county would necessitate a new registration.

Yours, truly,
J. J. VAN RIPER,
Attorney-General.

CHICAGO SOCIETY OF OPHTHALMOLOGY.

The Chicago Society of Ophthalmology and Otology held its third bi-monthly meeting on Dec. 18, 1883, the President, Dr. F. C. Hotz in the chair.

Drs. Z. Bettman, G. F. Hawley, H. Gradle and C. B. Shotwell were elected to membership.

Dr. Hotz then addressed the Society on Medicated Bougies for the Lachrymal Sac and Nasal Ducts.

The means usually adopted for the treatment of diseases invading these parts, are the employment of probes and syringe. The action of the probe is a mere mechanical one, to open the passages for the outlet of tears. The syringe, on the other hand, serves the double purpose of cleansing the tract and of introducing medicaments which are to act on the diseased mucous membrane.

A number of remedies are excluded from use if applied according to the latter method, on account of their insolubility in water, as bismuth, iodoform and boracic acid. The objectionable feature of nitrate of silver, when used in the fluid state, is the annoyance caused to patients by its staining qualities. A quantity of the fluid remedies, when injected into the sac, invariably bathe the conjunctiva, producing an unnecessary irritation. Furthermore, the action of fluid medicines is naturally of short duration for they flow rapidly through the nose.

The good results of medicated bougies was observed when introduced in other channels lined by a mucous membrane. The thought of using them in the nasal duct, and thus combining the effects of probe and syringe, presented itself to the doctor.

Mr. Wadleigh, of the Western Suppository Co., 91 Washington St., Chicago, succeeded in manufacturing an article which has proved entirely satisfactory. The bougies are three inches long, and of the caliber of a Bowman's probe No. 6, tapering off toward the one end to the size of No. 2. It is not necessary to employ larger sizes, since they swell in warm water to a thickness corresponding to Bowman's probe No. 8. They are quite firm and elastic. The ingredients entering into their composition are, gelatine, in which are incorporated various remedies.

The following formulæ have thus far been prepared:

A. Iodoform $^1/_8$ gr. B. Boracic acid $^1/_4$ gr. C. Fluid ext. calendula $^1/_8$ gr. D. Carbolic acid $^1/_{32}$ gr., sulphate zinc $^1/_{16}$ gr. E. Subnitrate of bismuth $^1/_4$ gr.

It is introduced in the ordinary manner, with great facility and without pain. It adapts itself by virtue of its power of elasticity to the sinuosities of the passage where it is allowed to remain.

If the bougie is too long, the piece protruding may be clipped off with a pair of scissors. The medicated probe can also be cut in two before introduction, and either end inserted, according to the exigencies of the case. Several hours are reqnired for the complete dissolution of the bougie. In case of extensive strictures, Bowman's probe may precede the introduction of the bougie.

Dr. Hotz closed his remarks by saying that he had used this means of medication in but a limited number of cases with success, and asked the members to give it a fair trial. Its application in a great number of cases will decide whether it is to occupy a prominent position amongst the methods employed for the treatment of affections of the lachrymal passages. Several of the members had used the bougies, and agreed with Dr. Hotz as to the ease with which they were inserted, and as to their efficiency.

A paper on Pulsating Exophthalmus was read by Dr. Boerne Bettman. The three most important symptoms to be noted in connection with this disease are exophthalmus, the development of noises in the orbit and over a larger or smaller part of the cranium, and pulsation of the eye. This complex of symptons is produced by pathological processes existing either in the orbit or cranium.

In the following case the cause of the trouble was intracranial, an aneurisma arterioso venosum, produced by a fracture of the base of the skull. Mr. F., æt. 23, of Albuquerque, N. M., was attacked by robbers on the night of June 29, 1881. He was struck with a sand bag on the neck and back of the head and knocked down senseless. Friends found him in this state, bleeding profusely from the nose. He re-

gained consciousness several hours after the assault, when he complained of severe pains in the neck and head; during the night he vomited frequently and bled copiously from the nose. Pains in the head and left eye increased in severity, to be accompanied by the most annoying of all symptoms—a continuous hammering and buzzing in the head and ears, similar to the puffing of a steam engine. The next morning on awakening he noticed several other unpleasant features. Strabismus convergence with consequent diplopia, and exophthalmus of the left eye. Patient was confined to bed five weeks. During this time he complained of severe tension of the left eye, and of pain in this organ and in the head. Pulsation and exophthalmus increased. The diplopia disappeared after nine months, when the veins on his forehead began to swell. The vision of the left eye gradually diminished. Fifteen months after the injury a protrusion of the right eye was first noticed. Mr. F. was subjected to various methods of treatment. Electricity was for a long time applied, his complaint being diagnosed in a neighboring western city as morbus baso. The following state of affairs was found when he presented himself for examination in Chicago, September 7, 1883:

Marked exophthalmus, both eyes; left eye protrudes seven-eighths of an inch beyond the anterior orbital plane; right eye three-fourths of an inch. Conjunctiva bulbi oc. w. very much swollen; especially marked are the enlarged, tortuous, dark red blood-vessels; cornea clear; pupils normal in size; irides blue, react promptly. The prominent eye-balls can be pushed back into their sockets with ease. When the pressure is discontinued they assume their former position. Of great interest is the pulsation, which can be easily detected by the finger, which is lifted rhythmically; it is also visible to the eye. Above and to the inner side of both eyes, extending to the root of the nose, are two oval tumors somewhat larger than a hazel nut. The right one is divided into three parts by the ligamentum palpebrale mediale. A distinct purr fremissement schwirren is felt in the larger part of the right tumor; its pulsation and that of the eye are synchronous with the radial pulse. Auscultation over the head and eyes demonstrates a constant murmur, which becomes louder during the arterial pulsation. This systolic murmur can be traced along the carotis communis of the left side. Compression of the left carotid artery produces a complete cessation of the pulsation and noises on both sides; the exophthalmus is seemingly reduced somewhat. Compression of the right carotid does not affect these symptoms in the least. Strabismus convergence l. eye.

L. E. V. $= {}^{6}/_{70} + 2$ letters of the next line.

R. E. V. $= {}^{6}/_{6}$ glasses do not improve.

Ophthalmoscopic examination.—Both sides papillitic. The veins are enlarged to double their size, and are extremely tortuous. The retinal arteries are exceedingly thin.

The constant pressure of the blood in the enlarged veins has worn deep furrows in the frontal bone. Dr. Baxter was called in as surgeon. It was decided to ligate the common carotid, since the patient endured digital compression of that artery admirably well. Dr. Baxter performed the operation at the Michael Reese Hospital, September 15, in the presence of a number of physicians. A No. 2 catgut ligature was placed around the vessel, below the omohyoid muscle. Pulsation and noises, subjective as well as objective, disappeared instantly. The eyes receded, the tumors collapsed. The patient rallied rapidly. On the 16th he had slight fever. 37. The temperature was normal the next day. He left bed and took a walk in the garden on the 20th of September. The wound healed per primam. On the night of the 26th, 12½ days after the operation, he was awakened by a sudden, loud hammering and puffing noise in the head and ears. An examination, made on the following morning, proved conclusively that circulation through the artery had been reëstablished, producing a return of all the unpleasant symptoms.

Dr. Baxter tied the artery again October 17, low down in the neck. As before, pulsation and noises ceased immediately; narcosis lasted longer this time; the pupils were dilated and did not respond to light; the right angle of the mouth was drawn upwards. These phenomena disappeared before he awakened. During the process of healing a small abscess formed (in the lower part of the wound), which discharged on the thirteenth. The wound then healed rapidly. The pulsation reappeared in a slight degree during the latter part of his abode in the hospital, but only after physical exertion. On November 5 he departed for his home, much improved; he is to return in March to have a similar operation performed on the other side. The pathological anatomy and therapeutics were then discussed. This disease is extremely rare; the most noted surgeons have not been fortunate enough to observe a single case during their many years' experience. In four cases of pulsating exophthalmus, a rupture of the carotis interna in the sinus cavernosus could be demonstrated without a doubt. Closer observation of all cases recorded, of which there are 106, will show that the majority owe their origin to such an injury. Several methods of cure have been proposed. Digital compression, injection of medicines in the pulsating growths and ligation of the common carotid artery. The latter plan is the oldest and most successful. Of fifty-six cases operated for rupture of the internal carotid in the sinus cavernosus 37, equal to 66.7 per cent., were cured; 11, equal to 19 per cent., remained unimproved; 8, equal to 14.29 per cent., died.

The interesting features of the case were then commented upon. Of special importance was the complete relapse twelve days and a half after the operation, at a time when the wound had healed completely and the patient was preparing to return home. Sattler mentions instances of the reappearance of the pulsation and noises in from one-half to two hours after the operation. In Herpin's case a relapse occurred after nine months. The recurrence of the trouble in the cases referred to was certainly due to reëstablishment of circulation in the aneurism through the widened anastomosing vessels from the opposite side, whilst in the case discussed the ap-

parently well ligated artery allowing the blood to take its former course.

During the first operation doubt was expressed as to the durability of a catgut ligature, as to its power of withstanding the action of the tissue fluids long enough to enable a thrombus to form.

Dr. Baxter quieted these fears by the following remarks: "During my long experience as surgeon to the Cook County Hospital, I never applied silk ligatures, but always used catgut, and never knew it to give way if tied sufficiently firm. Neither were the catgut ligatures destroyed by absorption before the eighth or twelfth day, and it does not require a longer time than this for the formation of a thrombus." After proving by a critical analysis of the clinical history that neither a thrombus had formed nor an extensive rupture of the interna and muscularis had followed the application of the ligature, the following conclusions were arrived at:

The artery had never been completely closed. Catgut is comparatively stiff and cannot be drawn together so tightly as silk. A thin, perhaps, thread-like stream of blood constantly flowed through the vessel, the pressure of the blood current, assisted by the process of absorption, gradually weakened the ligature, until at last it suddenly gave way.

A question of importance which arose during the second operation was the justifiableness of again employing catgut as a ligature, in the face of the first mishap.

An occurrence which often threatens the life of patients after an operation is secondary hæmorrhage. This peril, according to the essayist, is increased by the use of a silk ligature, provided a thrombus does not form or does not possess sufficient power of resistence, for silk usually cuts through the arterial coats. In view of a contravention of this statement, that such a possibility does not exist, since a thrombus capable of withstanding any pressure usually forms before silk could produce such an action, a case was cited of fatal secondary hæmorrhage, occurring 35 days after the operation, when the wound had healed perfectly. An autopsy revealed a necrotic degeneration of the interna and muscularis, and two non-obturating thrombi below the place of ligation. In order to avoid secondary hæmorrhage, Sattler says: "It is of great importance, when isolating the artery, not to tear more of the arterial sheath than is absolutely necessary to apply a ligature. In this manner the danger of necrosis of the artery is avoided. The danger of hæmorrhage is furthermore diminished by closely following the laws of antisepsis and employing a carbolized catgut ligature." If a No. 3 catgut ligature be applied double, or two adjoin each other, we secure the best chances for the healing of the wound per primam and avoid the danger of secondary hæmorrhage. BOERNE BETTMAN, M.D., Secretary.

THE PROPOSED SIMS MONUMENT.—A committee has been formed, representing the profession in various parts of the country, to obtain funds for the erection of a monument to the late Dr. Sims in New York. Dr. Fordyce Barker is the chairman, and Dr. George F. Shrady is secretary.

BOOK REVIEWS.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. BY ROBERTS BARTHOLOW, M.A., M.D., LL.D. Fifth edition. Publisher, D. Appleton & Co., 1884.

This is deservedly one of the most popular works upon this subject that the profession has. Prof. Bartholow's style is clear and pleasing. He is known to be an authority upon the matters treated. He gives with assurance his own views, and the practitioner can at once tell what has been used with benefit by the author.

The new edition is somewhat enlarged and has been thoroughly revised, so that it now agrees with the new pharmacopœia.

The work from its first appearance has been so popular and so widely read that an extended notice in regard to its scope and methods would now be superfluous.

DOMESTIC CORRESPONDENCE.

"BAKING POWDER."

FOR THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Mr. Editor:—I send you the following comments on a very common but important subject, and hope they will attract attention:

There have been many newspaper wars pending about this article, but they have not at all enlightened the public on the subject. Dr. Hammond, of New York City, waged a war against the old time institution of the "country pie," demonstrating its indigestibility, and its consequent bad effect on the stomach; and I cannot understand why some medical authority has not agitated the baking powder question, and explained to the public its injurious effects, about which there is no doubt. To make the matter clear, it may be stated that the average baking powder is composed of bi-carbonate of soda, cream tartar, and starch, with a possible admixture of other things. The continued use of even this purest baking powder will affect the system seriously, commencing with only a slight derangement of the digestive organs, which gradually becomes chronic, changing the secretions of the stomach necessary for digestion (muriatic acid), in fact, altering the whole chemistry of the human stomach.

The continued use of alkalies in any form injures the health. Look at the alkali country west of us, where the alkali is found in the *drinking water*. The same dangers will arise from the persistent alkaline medication of our *daily bread*. The various forms of dyspepsia, bladder troubles, Bright's Disease, consumption—the newest researches speak about a wrong proportion of the alkalies in this disease—are only too often caused by this modern substitute for the old time-honored, common sense practice of using yeast.

It is a well known fact that the American nation is dyspeptically inclined, and that the New England race especially has physically deteriorated since bak-

ing powder is so generally used. The amount of baking powder made every year is enormous.

YEAST.

ST. PAUL, MINN., Jan. 7, 1884.

CRAWFORDSVILLE, Ind., Jan. 15, 1884.

EDITOR JOURNAL OF THE AMERICAN MEDICAL ASSOCIAION:

In my letter, so kindly published in your issue of January 5, an unimportant error crept in, where you say "his coat" instead of "*the cord*," in the sentence "The doctor pulled his coat off."

In reading *The Western Journal of Medicine and Surgery*, of March 1, 1847, edited by Drs. Daniel Drake, L. P. Yandell, and T. W. Colescott, I was interested to see what was expected of our Association as set forth in the following extracts: "Provided its members shall consult together with a fixed determination not to part till they have laid the foundation of an American profession. It is quite time that this was at least attempted. At present there is as little intercourse and sympathy between the physicians of the different States of the *Union*, so-called, as between those of the different kingdoms of Europe. All this is wrong, and should, if possible, be corrected. The medical profession is one throughout the world, and especially should its members, in the same confederacy of States, compose one brotherhood. As a means of promoting this interesting object, and, at the same time, giving an impulse to medical inquiry and improvement, it is to be hoped that the convention will not adjourn without taking measures to bring about, in some central city, a yearly meeting of physicians, surgeons, obstetricians, druggists, and dentists, open to all who legitimately belong to these respective departments of the profession. Such meetings could not fail to call forth many valuable papers and reports of committees, the reading and discussion of which would be a source of both pleasure and improvement; while our physicians generally would acquire a new impulse to observation and experimental research, and the publications of the association would elevate the character of our profession. Our readers will recollect that the meeting in Philadelphia will be an adjournment of that held in New York in the month of May, 1846. The minutes of that meeting are now before us, and we observe that several committees were appointed to make reports on the organization of a national association; on the primary education of students of medicine; on a higher standard of graduation; on State boards of examiners for the degree of M.D., instead of its being done by the professors; finally, on a uniform system of medical ethics. All those are important topics, which it is hoped the committees will thoroughly investigate."

In the June number I find: "The convention before adjourning resolved itself into an association, to be called the American Medical Association, and Prof. Chapman, being presented as its President, said he was greatly impressed with the honor conferred upon him, and unable to express in adequate terms the feelings which then animated his breast. It had been his good fortune, in the course of his long life, sometimes to have been complimented in the same manner, though not in the same degree. He confessed his incompetency to serve them in conformity with his wishes. He loved his profession, and should be very ungrateful did he not. Whatever he possessed in this life of any value had been bestowed by her great favors. Whenever he deserted her or any of her disciples, might Almighty God desert him! It would always be his aim to promote as far as he could the principles of the science, and do everything in his power to elevate still higher the medical profession." Yours,

T. F. LEECH, M.D.

STATE MEDICINE.

MEETING OF THE ILLINOIS STATE BOARD OF HEALTH.

We copy the following special report from the *Daily Times* of this city:

SPRINGFIELD, Ill., Jan. 18.—The State Board of Health is holding its annual meeting for the election of officers and other business, in its rooms, in the Dapitol building. There are present Newton Bateman, of Galesburg; R. Ludlam, of Chicago; A. L. Clark, of Elgin; W. A. Haskell, of Alton; W. R. Mackenzie, of Chester; A. W. Reen, of Peoria (recently appointed to fill a vacancy), and the Secretary, John H. Rauch, of Chicago.

Dr. A. L. Clark, the Treasurer, presented his annual statement for the year 1883, accounting for the receipts through the Secretary's office of $904.91, and the expenditure of $715.85, leaving a balance in his hands of $189.06, independent of the regular appropriations.

The Secretary, Dr. Rauch, presented his quarterly report, in which is also included an annual summary. The following are the more important points:

THE PUBLIC HEALTH.

Scarlet fever has continued during the quarter in many localities, but without, in any case, assuming a serious epidemic form, while the death-rate from it remained unusually low. The German edition of the Board's circular on scarlet fever, alluded to in the last quarterly report as in preparation has been published and distributed to many points. Diphtheria has been reported from several places.

Small-pox has appeared at Stone Fort, Saline county; Farina, Fayette county; McLeansboro, Hamilton county; and Alton, Madison county. The disease was also reported October 31, from Paris, Edgar county, but the case was subsequently ascertained to have been chicken-pox. At Stone Fort the disease was introduced by a woman who had been attending the St. Louis fair; took sick a few days after her return, and died on the thirteenth day of an attack of unmodified confluent small-pox. Of seven other members of her family four contracted the disease, the remaining three escaping through successful vaccination after exposure. A relative's family, liv-

ing in the adjoining township, in Pope county, also contracted the disease, and in turn infected the attending physician. Except this latter and one woman, none of those attacked had even been successfully vaccinated prior to exposure. The physician and woman above referred to had both been vaccinated in childhood, and escaped with mild attacks of varioloid. Of the remaining cases, seven in number, all died of unmodified confluent or hæmorrhagic small-pox. The situation became so serious, and so much apprehension existed in the community and neighborhood about the middle of November that the Secretary was compelled to visit the locality in person, which he did November 20-24. Reporters, Drs. W. R. Osborne and D. Bozarth, Stone Fort, attending physicians. The case near Farina was also due to contagion, contracted near St. Louis, an unvaccinated young woman, who finally recovered after a severe attack of hæmorrhagic small-pox. Fortunately the other members of the family in which the case occurred were all protected by vaccination, and no other cases resulted. Reporter, A. R. Hancock, M.D., Farina, attending physician. On the first of December an unvaccinated public scholar at McLeansboro was found in the febrile stage of what proved to be an attack of small-pox, from which, however, she ultimately recovered. Source of contagion unknown. A large number of others were exposed, and although vaccination was freely resorted to, six more cases followed, of which number two died. None of the seven had ever been vaccinated prior to exposure. Reporter, C. M. Lyons, M.D., McLeansboro, attending physician. A fatal case of small-pox occurred in Alton during the early part of December, contracted in St. Louis, notwithstanding the case was not discovered until the eleventh day, and a number of persons were exposed in the boarding house where it occurred, only one other case resulted; one of his nurses, vaccinated in childhood, but not successfully re-vaccinated until after nearly two weeks' exposure. This patient died on the fifth day, the disease being the rare form of pupura variolosa. Reporter, W. A. Haskell, M.D., Alton, attending physician.

TRICHINIASIS.

Three outbreaks of trichiniasis—one of them resulting in three deaths—have occurred, the first during the early part of November, in a family near Gardner, Grundy county; the second and third during December, in Woodburn, Macoupin county, and in Bloomington, respectively. The Gardner and Bloomington cases resulted from eating uncooked pork and sausage, and the Woodburn cases from raw smoked sausage. Specimens of the meat from Gardner and Woodburn were sent to the Secretary for examination, the character of the disease being only suspected, until the microscope showed in one case about 2,000, and in the other about 8,000 trichinæ to the cubic inch.

Dr. A. T. Darrah reports the Bloomington outbreak quite fully, and Drs. Taxis and Reid, of Gardner and Woodburn, respectively, have promised detailed reports of their cases. The matter, however, possesses little sanitary importance, except that it is well to put on record every authentic instance of the occurrence of trichiniasis, and to determine its cause. Since 1866 I have noted every such instance in this State, and of the deaths resulting, which now number 16, and, without exception, they have been caused by eating uncooked or imperfectly cooked pork in some form. I see no reason to modify the opinion expressed in 1881 in reference to an inquiry addressed to me by a committee of the Chicago Board of Trade, and by the State Department at Washington, to-wit: That, as a sanitarian, I regard the danger to human life from trichinæ as practically amounting to nothing, it being so easily prevented by thorough cooking.

The investigations which have been made during the past four years, both in this country and abroad, show American pork to be less liable to trichinous infection than that of other countries. The hog in every country is subject to the parasite; even the wild swine in European forests have been found infected, and an outbreak of trichiniasis in 1881 at the village of Khiam, near the source of the Jordan, in Palestine, was caused by the flesh of a wild boar slain in the woods near the village. Prof. Virchow is recently reported to have condemned the outcry against American pork as utterly illogical, unnecessary, and unjustifiable by sanitary reasons, and adds that "no case of trichinæ in American hog meat has been proved to exist in Germany for ten years." Neither in Switzerland nor England has it been found necessary to interfere with the importation of American hog products; and yet in these countries their reputation is higher than ever before. As previously remarked, the question is one of economic and commercial importance, and in only a very limited sense has it any sanitary interest. Proper cooking will render the most badly infected piece of trichinous meat absolutely innocuous. Exposure to a temperature of 150–160 degrees, Fahrenheit, is fatal to the trichinæ.

PRECAUTIONS AGAINST DANGER TO LIFE FROM FIRES.

The recent loss of life by fire at Belleville, suggests the point whether the Board can profitably take any further action looking to securing adequate provision for escape from, and for the extinguishing of, fires in public buildings. On different occasions within the past few years the Board has called attention to this subject—the last time in the fall of 1881, with reference to the danger from fire at seaside resorts, and this was emphasized soon after the Secretary's circular letter was sent out, by the destruction of no less than six of these inflammable structures within a very short time. Fortunately, these fires occurred at a season of the year when there were only a few, in some cases no inmates, and nothing worse than the rapid destruction of the buildings and contents happened. These events, however, served to direct attention to the subject, and there is reason to believe that this class of buildings is much improved in this respect. I think it would be well to prepare a suitable letter with necessary instructions, and address to all those having charge of public buildings in the State, with the view of publishing a report on the

condition of such structures, with reference to the number of stories, sizes and arrangement of rooms, number and dimension of staircases, doorways, windows, and other exits, special provisions for escape, and for extinguishing fires, etc. Such a report would serve a useful purpose in disclosing to what extent municipal, State, or other interference may be necessary to correct such dangers as are found to exist

CHICAGO SEWAGE.

In my last quarterly report, speaking of the solution of the various questions hinging upon the disposal of the sewage from the city of Chicago through the Illinois and Michigan canal, I observed that it was "clearly the duty of the city of Chicago, immediately upon the close of navigation, to have the Bridgeport pumps put into operation, and their capacity and the capacity of the canal determined by actual experiment." I am glad to say that this experiment is now being carried on, and I am in receipt of a telegram from Superintendent Thomas, announcing that the "Bridgeport pumps are working finely, and are holding three feet of water in the canal above the level of the Chicago river."

ELECTION OF OFFICERS.

The following officers have been elected their own successors for the ensuing year: Hon. Newton Bateman, LL.D., President; A. L. Clark, M.D., Treasurer; John H. Rauch, M.D., Secretary.

THE AFTERNOON SESSION

was devoted to executive business. The relations of colleges to the new schedule of requirements in medical education now in force by the Board was the principal subject under consideration. Among other action taken was the adoption of an order refusing to recognize diplomas of the Joplin College of Physicians and Surgeons, and of the Kansas City Hospital Medical College. Adjourned sine die.

NECROLOGY.

STODDARD, SAMSON, M.D., was born Feb. 7, 1806, at Vienna, Oneida Co., N. Y., and died August 24, 1876, at Albion, Calhoun Co., Michigan.

The subject of this sketch, Dr. Stoddard, was of the seventh generation of the Stoddard family in America—Anthony Stoddard, the founder of the same, having emigrated from England and come to Boston in 1639. The published genealogy of this family, now extending over a period of nearly two centuries and a half, shows that the traditions and practice of the ancestry were uniformly in the direction of education and scholastic culture, and that more of them were members of the liberal and learned professions than is often observed even in New England families. Thus if there be such a thing as a legacy of culture or an inherited tendency towards learning, it is quite sure that this belonged by right of birth to Dr. Stoddard.

His father, Rev. Goodwin Stoddard, was a Methodist itinerant, and therefore the doctor's boyhood life was subject to the frequent changes and genteel poverty incident to the career of a Methodist clergyman. This irregular life is not usually well calculated to advance the education or the moral training of children, and yet, despite this drawback, the doctor early manifested an intense love for study and a tireless perseverance in the acquirement of knowledge. When he was sixteen years of age he entered Wyoming Seminary, remaining there three years, excepting three months when he taught a district school. Immediately after leaving the seminary he took up the study of medicine, for the study of which he had a great passion, and a special aptitude for its practice. In October, 1825, he entered Fairfield Medical College, which was a branch of the University of New York, and the only medical school in what was then called the western part of that State. At that period there were only five chairs and five professors, showing what were the meager advantages of the medical student of that time compared with the present. He graduated at the close of the session of 1828-9, but spent only one year in the practice of his profession in his native State, when he determined to try his fortunes in the then "far West," as Michigan was called. He reached Jacksonburg, now the city of Jackson, Mich., in the early part of September, 1830. Only eight or ten families had preceded him, and he was the first physician to locate there. He became a member of the Medical Society of the Territory of Michigan, Feb. 10, 1831. In the practice of his profession his ride had a circuit of thirty miles or more. In those days the practice of medicine was no sinecure. Very many times long journeys on foot had to be taken where no horse could be rode, and over streams spanned only by a single log, and where swollen streams and wide marshes would not permit the crossing by any other means. The people were poor, drugs were dear, so doctors did not rapidly become rich.

In the spring of 1832 the doctor married Miss Sarah M. Blake, of Livonia, N. Y., who died in July, 1851. He remained in Jackson till the spring of 1836, when he moved to a large farm fifteen miles west from Jackson, where he remained till 1873, at which time he moved to Albion, where he died. While clearing up and cultivating his farm, he still carried on a large medical practice. For years it was his custom to labor on the farm all day, and then ride half or two-thirds of the night. For a long time, thanks to a splendid constitution, he bore up under this great sacrifice of needed sleep. But as the cares of a large family came on and the anxieties of a more extended farming interest occupied his attention, his health began to break down, and as early as 1854 he entirely gave up the practice of medicine and bestowed his whole attention to business pursuits. But it was always the regret of his later years that he did not remain in Jackson and devote himself wholly to his profession to the exclusion of every other interest.

Dr. Stoddard was a man of strict probity of character, a hater of shams and subterfuges of all kinds, and whose word was a bond. He never lost his love for the profession of his choice, and to his last days kept himself familiar with its literature. He did a

large pioneer work in a new country for his profession, very much of it poorly paid for, or not at all. But he gloried in his work, and was ever ready to respond to the call of the suffering and the needy, and to this day the memory of his labors and character are kept green in an extended circle of friends and grateful patients. J. P. S.

MUSKEGON, MICH., Dec. 28, 1883.

MISCELLANEOUS.

NEW BOOKS.

Butlin, H. T. On Malignant Disease (Sarcoma and Carcinoma) of the Larynx. 8vo. 64 pp. London: Churchill. 5s.

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Hun, H. A Guide to American Medical Students in Europe. New York: W. Wood & Co. 8vo. 151 pp. $1.25.

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Kölliker, A. Zur Entwicklung der Anges u. Geruchsorganes menschlicher Embryonen. 8vo. 31 pp. Wurzburg: Stabel.

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